



**Calvary Early Learning Center
Murrysville, PA
FAMILY DENTIST REPORT**

(Pennsylvania requires a Family Dentist Report upon entrance to Kindergarten)

Parents Complete This Section:

Name of Child Last First Middle	School Calvary Early Learning Center	Due Date October 15, 2018
Home Address	Zip Code	Home Phone Number

Dentist will complete this Section:

The above named child last visited my office on _____ (give date).

At that time all necessary dental corrections had been made. Yes No

If the answer above is "No" fill in the following:

This child is in need of treatment for one or more of the following:

- Primary teeth _____ Fillings Extractions
- Permanent teeth _____ Fillings Extractions
- Diseases of the Supporting Tissues _____
- Gross malocclusion which is producing a facial deformity or is interfering with function
- Cleft palate and/or cleft lip Other congenital malformations
- Prosthetic replacements for lost or missing teeth _____
- This child is currently under treatment _____ Yes No

Signature _____ **D.D.S.**

Date Submitted _____ Address _____