

Falk School

Dental Examination Request

Student's Name: _____

Please have your child's dentist complete this report based on an examination within the last six months.

Return this form to the Falk School Health Office, 4060 Allequippa Street, Pittsburgh, PA 15261.

Dentist Report

This is to certify that I have examined and found the condition checked below:

- _____ No dental defects
- _____ Dental defects which were present have been completely cared for.
- _____ Treatment has been started.
- _____ Treatment is needed, but no provision has been made for it.

Date

Signature of Dentist

Date of Exam

Printed name of examiner