



BREEZY POINT DAY SCHOOL

1126 Bridgetown Pike

Langhorne, PA 19053

215-752-1987

DENTIST REPORT

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(Child's Name) (Birth Date)

\_\_\_\_\_  
Address # and Street City/State/Zip

The above named child visited my office on \_\_\_\_/\_\_\_\_/\_\_\_\_.  
At that time all necessary dental corrections were made.

\_\_\_\_\_  
Yes No

Does the child have:

Oral Infection \_\_\_\_ Yes \_\_\_\_ No      Caries \_\_\_\_ Yes \_\_\_\_ No

Protrusion \_\_\_\_ Yes \_\_\_\_ No      Missing Permanent Teeth \_\_\_\_ Yes \_\_\_\_ No

If the answer to any of the above is "yes", is the child currently under  
treatment to correct the problem? Yes \_\_\_\_ No \_\_\_\_

\_\_\_\_\_  
(Dentist's Signature)

\_\_\_\_\_  
(Dentist's Phone #)

Date Submitted \_\_\_\_/\_\_\_\_/\_\_\_\_

Please have your private dentist examine your child and return this form  
by the time your child begins school.

Thank you,

Doug and Gale Wiik