



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 _____ Caries _____
 Yes No Yes No

Protrusion _____ Missing Permanent Teeth _____
 Yes No 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,

Sandy McCloskey