



BREEZY POINT DAY SCHOOL

1126 Bridgetown Pike

Langhorne, PA 19053



(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.