St. Joseph School
York, PA

Dental Report Form

Student Name_____ Grade _____

The student named above has been examined by me and (choose one):

_____ No dental treatment is required (or)

_____ All necessary dental corrections have been completed (or)

_____ Dental care is in progress

Signature of Dentist: _____

Date of Exam: _____

Form may be faxed to: St. Joseph School, York
Fax: (717) 751-0136
Attn:School Nurse