



235 South Beaver Street
York, PA 17401
717-854-8263

Dear Parents/Guardians,

Pennsylvania law requires that children receive a dental examination ***upon original entry and in grades 3 and 7***. Believing that the family dentist should be the chief source of dental care, we encourage each child to visit the dentist regularly.

If your child has already received a dental exam please have your family dentist complete the form below and return it to school with your child. If your child has an upcoming dental visit, please let us know, and return this form to the school office after the appointment.

Very Truly Yours,

HTCS Health Assistant

To Be Returned By _____

This is to certify that the teeth of _____ have been
(Student Name)
examined on _____ .
(Date of Examination)

_____ No treatment necessary at this time
_____ Necessary corrections have been made
_____ Treatment is now in progress

Student Grade: Signature of Dentist: _____

Printed Name of Dentist: _____

Office Phone Number: _____