



**Calvary Early Learning Center
Murrysville, PA
FAMILY DENTIST REPORT**

(Pennsylvania requires a Family Dentist Report upon entrance to Kindergarten)

Parents Complete This Section:

Name of Child Last First Middle	School Calvary Early Learning Center	Due Date October 15, 2024
Home Address	Zip Code	Home Phone Number

Dentist will complete this Section:

The above named child last visited my office on _____ (give date).

At that time all necessary dental corrections had been made. Yes No

If the answer above is "No" fill in the following:

This child is in need of treatment for one or more of the following:

Primary teeth _____ Fillings Extractions

Permanent teeth _____ Fillings Extractions

Diseases of the Supporting Tissues _____

Gross malocclusion which is producing a facial deformity or is interfering with function

Cleft palate and/or cleft lip Other congenital malformations

Prosthetic replacements for lost or missing teeth _____

This child is currently under treatment _____ Yes No

Signature _____ **D.D.S.**

Date Submitted _____ Address _____