

# Laurel School District

## Health Services Department

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**Dear Parents/Guardians of Kindergarten, Third, and Seventh:**

**The State of Pennsylvania mandates that every child in grades kindergarten, third, and seventh have a dental examination. Our school dentist does exams every year during the month of October. If you wish your child to have a dental examination by the school dentist permission slips will be sent home at the beginning of the school year for you to sign. However, if you wish your child to have a dental examination by your own private dentist (at your expense) please have the bottom portion completed by your dentist and return to the school nurse by January.**

**Child's Name** \_\_\_\_\_ **Grade** \_\_\_\_\_

**Upper**

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
			A	B	C	D	E	F	G	H	I	J			

**Lower**

32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17
			T	S	R	Q	P	O	N	M	L	K			

Yes      No  
            All needed corrections have been made.  
 If the answer is "NO" please complete the items below:

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 Key: \_\_\_\_\_
- Referral made to Orthodontist
- Cleft Palate and/or Cleft Lip
- Other Congenital Malformations
- Prosthetic replacement for lost or missing teeth
- This child is currently under treatment.

**Key:**

**Permanent Teeth**  
 D – Decayed  
 F – Filled  
 M – Missing

**Deciduous Teeth**  
 d- Decayed  
 f - Filled  
 m – Missing  
 e - Extraction

\_\_\_\_\_  
 Signature of Medical Provider/Date

\_\_\_\_\_  
 Print Name of Medical Provider

\_\_\_\_\_  
 Address  
 Telephone: \_\_\_\_\_