

PITTSTON AREA SCHOOL DISTRICT
DENTAL PROGRAM
DENTAL EXAMINATION CARD

To the Dentist:

Please complete the following information and return to the school.

Child's Name Grade School

..... New Patient

..... Regular Patient

..... No care needed.

..... Dental care needed.

Appointment made for
(Date)

..... Dental care needed but no appointment made because

.....

Date

Dentist's Signature

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