

Lower Merion School District



Student Services

301 East Montgomery Ave. Ardmore, PA 19003-3399
Phone: 610-645-1857 ♦ Fax: 610-658-8719 ♦ www.lmsd.org

Dental Exam Information for Parent/Guardian

The Pennsylvania Department of Health requires dental exams on entrance to school (kindergarten or grade 1), grade 3 and grade 7. Completion of the **“Family Dentist Report”** is necessary to comply with this requirement. Please have the form completed and returned to the address or fax number listed above at your earliest convenience.

It is strongly recommended that your private dentist perform the exam as he/she is the most familiar with your child’s dental needs and will be able to provide follow up treatments, cleanings etc.

If you prefer, you may give your written permission below for a dental exam to be done by the Lower Merion School District consulting dentist.

Name of Student: _____ School: _____
Grade: _____

Permission for Dental Exam to be performed by School District consulting dentist:

(Please be advised that the school dental exam is limited to a visual exam. We do not provide bite-wing x-rays to aid in the detection of problematic conditions. Any diagnosis or findings made at the time of the school exam would be based only upon what the dentist can detect visually. These findings will be reported to parent/guardian).

I request that my child’s mandated dental exam be done by the Lower Merion School District Consulting Dentist.

_____ Parent/Guardian Signature

_____ Parent/Guardian (Print name)