



BREEZY POINT DAY SCHOOL  
1126 Bridgetown Pike  
Langhorne, PA 19053

215-752-1987

DENTIST REPORT

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(Child's Name) (Birth Date)

\_\_\_\_\_  
Address # and Street City/State/Zip

The above named child visited my office on \_\_\_\_/\_\_\_\_/\_\_\_\_.  
At that time all necessary dental corrections were made.

\_\_\_\_\_  
Yes No

Does the child have:

Oral Infection \_\_\_\_ Yes \_\_\_\_ No      Caries \_\_\_\_ Yes \_\_\_\_ No

Protrusion \_\_\_\_ Yes \_\_\_\_ No      Missing Permanent Teeth \_\_\_\_ Yes \_\_\_\_ No

If the answer to any of the above is "yes", is the child currently under  
treatment to correct the problem? Yes \_\_\_\_ No \_\_\_\_

\_\_\_\_\_  
(Dentist's Signature) (Dentist's Phone #)

Date Submitted \_\_\_\_/\_\_\_\_/\_\_\_\_

The American Academy of Pediatrics recommends that the initial examination  
be performed at the age of three. Please have your private dentist examine  
your child and return this form by the time your child begins school.

Thank you,  
Doug and Gale Wiik

