



WEST MIFFLIN AREA SCHOOL DISTRICT
3000 Lebanon Church Road
Suite 300
West Mifflin, PA 15122

Health Services Department Private Dentist Report

Please have your dentist complete the following information and return this form to the school nurse.

Name of Child: _____

Grade and School: _____

Date of Examination: _____

Please check:

Child is currently under treatment.

Child's treatment is complete.

Signature of Dentist: _____

Dentist's Name (please print): _____

Address: _____

Date: _____