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# ***LINE MOUNTAIN SCHOOL DISTRICT***

## ***Line Mountain Middle/High School***

Jeffrey Roadcap, Principal  
Ph. (570) 758-2011 Fax (570) 758-1514  
Mrs. Cindi Grimm R.N., B.S.N.

## ***Line Mountain Elementary School***

Jeanne Menko, Principal  
Trevorton – Ph. (570) 797-3825 Fax (570) 797-4001  
Mrs. Joanne Snyder, R.N., B.S.N.

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### ***PRIVATE DENTAL REPORT***

Please have your family dentist complete this form and return it to your child's school nurse.

This is to certify that I have examined the teeth of:

Name \_\_\_\_\_ Grade \_\_\_\_\_

- \_\_\_\_ 1. All necessary dental treatment has been completed.
- \_\_\_\_ 2. Treatment is in progress.
- \_\_\_\_ 3. No dental treatment is necessary at this time.
- \_\_\_\_ 4. Prophylaxis has been completed.
- \_\_\_\_ 5. Topical fluoride has been applied.
- \_\_\_\_ 6. Dietary fluoride supplement has been recommended.

Further recommendations \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of Dentist

\_\_\_\_\_  
Name of Dentist (printed)

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Exam Date