

# Avon Lake City Schools

## Ohio School Health Record Dentist's Report-



Please note that this is the only medical form that will be accepted by Avon Lake City Schools for LEAPS registration. We will not accept medical forms from your doctor's office.

Date of Examination \_\_\_\_\_

Student's Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

The following services have been performed:

\_\_\_\_\_ Examination

\_\_\_\_\_ Oral Prophylaxis

\_\_\_\_\_ Diagnosis

\_\_\_\_\_ Prescription for fluoride supplements

\_\_\_\_\_ Radiographs

\_\_\_\_\_ Topical application of fluoride

The following oral hygiene instruction was provided:

\_\_\_\_\_ Tooth brushing

\_\_\_\_\_ Diet counseling reflecting relation of diet to dental health

\_\_\_\_\_ Flossing

\_\_\_\_\_ Home/School use of fluoride mouth rinse

The following statements are applicable:

\_\_\_\_\_ All necessary services have been performed

\_\_\_\_\_ No restorative services are required at this time

\_\_\_\_\_ Further treatment is indicated

\_\_\_\_\_ Further appointments have been arranged

Comments:

**PLEASE PRINT OR STAMP**

Dentist's Name \_\_\_\_\_

Dentist's Signature \_\_\_\_\_

Address \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_

Date Signed \_\_\_\_\_

"The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information with responding to this request for medical information. "Genetic Information" as defined by GINA, includes an individual's family medical history, the result of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services."