CANASTOTA CENTRAL SCHOOLS
Canastota, NY 13032

Peterboro Street Elementary School (K-1)
Health Office (315) 697-6350
PSES Fax Number (315) 697-6355

South Side Elementary School (2-3)
Health Office (315) 697-6362
SSES Fax Number (315) 697-6364

Roberts Street Middle School (4-7)
Health Office (315) 697-6341
RSES Fax Number (315) 697-6343

Canastota Jr/Sr High School (8-12)
Health Office (315) 697-6315
CHS Fax Number (315) 697-6314

Dear Parent/Guradian:

As part of your child's requirements for school, a physical examination has been required for students in Pre-K, Kindergarten and in grades 2.4.7.and 10. This law has been expanded to include the dental health of students in NYS. As a result, when we require that your child have a physical exam, we will be requesting a dental certificate as well. Please have your dentist complete the certificate on the reverse side and return it to the School Nurse.

Listed below are dental care providers and/or clinics nearby that will provide dental screenings free or at a reduced cost if you require that service.

Thank you for your cooperation in this health endeavor. Our students benefit when we work together to promote the health and achievement of all students.

Please call the school's Health Office if you have any questions or concerns.

Sincerely,

Canastota Central School Nurses

DENTAL CARE PROVIDERS OR CLINICS

Sitrin Medical Rehab CTR	2050 Tilden Ave, Hew Hartford	797-8000
Sitrin Medical Rehab CTR	221 Broad St, Oneida	797-8000
Loretta Geriatric Ctr	700 East Brighton Ave, Syracuse	469-5561
Syracuse Comm Health Ctr	819 S Salina St, Syracuse	476-7921
Syracuse Comm Health Ctr	1938 E Fayette St, Syracuse	476-7921
Syracuse Comm Health Ctr	603 Oswego St Syracuse	476-7921
University Hospital	750 E Adams St, Syracuse	464-4320

Canastota Central School District
Dental Examination Form

**********TO BE FILLED OUT BY PARENT**********

Child's Name: _____ Date of Birth: _____/_____/_____

Address: _____

Dental History:

Is child receiving: Fluoride Supplement ☐ Yes ☐ No Fluoridated Water ☐ Yes ☐ No

The child has previously; ☐ Yes, seen a dentist/RDH ☐ No, has not seen a dentist/RDH

(RDH = Registered Dental Hygienist)

Dentist/RDH Name: _____ Date of Visit: _____/_____/_____

Reason for Visit: _____

Does your child have any trouble with teeth, gums, or mouth? ☐ Yes ☐ No

If yes, please explain: _____

**********TO BE FILLED OUT BY DENTIST/RDH**********

The following procedures have been completed:

☐ Dental Exam ☐ Radiographs ☐ Prophylaxis ☐ Fluoride

My findings are as follows:

- ☐ No problems
- ☐ Decay detected (please chart below)
- ☐ Treatment will be completed by me Appointment Scheduled: _____/_____/_____
- ☐ Referral made to: _____
- ☐ Restorations completed
- ☐ Prophylaxis needed
- ☐ Other – Please specify: _____

Comments: _____

Signature of Dentist/RDH: _____ Date of Exam: _____/_____/_____

Print Name: _____ Phone #: (_____) _____ _____

Address: _____

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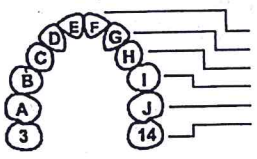
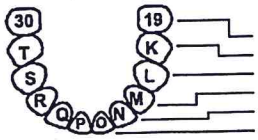
Primary Teeth

Baby



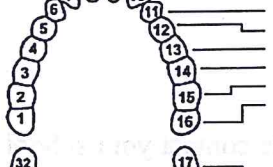
Erupt	Exfoliate	Upper Teeth
8-12 mon	6-7 yrs	Central Incisor
9-13 mon	7-8 yrs	Lateral Incisor
16-22 mon	10-12 yrs	Canine (Cuspid)
13-19 mon	9-12 yrs	First Molar
25-33 mon	10-12 yrs	Second Molar
6-7 yrs	Permanent	First (6 yr) Molar



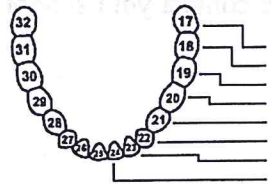
Erupt	Exfoliate	Lower Teeth
6-7 yrs	Permanent	First (6 yr) Molar
23-31 mon	10-12 yrs	Second Molar
14-18 mon	9-11 yrs	First Molar
17-23 mon	9-12 yrs	Canine (Cuspid)
10-16 mon	7-8 yrs	Lateral Incisor
6-10 mon	6-7 yrs	Central Incisor

Permanent Teeth

Adult



Erupt	Upper Teeth
7-8 yrs	Central Incisor
8-9 yrs	Lateral Incisor
11-12 yrs	Canine (Cuspid, Eye Tooth)
10-11 yrs	First Premolar (First Bicuspid)
10-12 yrs	Second Premolar (Second Bicuspid)
6-7 yrs	First Molar (6 yr Molar)
12-13 yrs	Second Molar (12 yr Molar)
17-21 yrs	Third Molar (Wisdom Tooth)



Erupt	Lower Teeth
17-21 yrs	Third Molar (Wisdom Tooth)
12-13 yrs	Second Molar (12 yr Molar)
6-7 yrs	First Molar (6 yr Molar)
10-12 yrs	Second Premolar (Second Bicuspid)
10-11 yrs	First Premolar (First Bicuspid)
11-12 yrs	Canine (Cuspid, Eye Tooth)
8-9 yrs	Lateral Incisor
6-7 yrs	Central Incisor