



2025-26 Reach Cyber Report of Dental Examination



ALL students in Kindergarten, 3rd and 7th grades are required by Pennsylvania School Health laws to have a dental exam completed and on file with their school.

Documents can be submitted to Reach Cyber Charter School Nursing Department by:
Email to Reach_nurses@reachcyber.org or fax to 1-717-483-2804

Student Information

Name (First Middle Last): _____

Current Grade: _____

Date of Birth: _____

Dental Examination Results

Date of Exam: _____

This section must be completed by a health care provider.

Tooth Chart

	Right								Left								
Upper	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	Upper
				A	B	C	D	E	F	G	H	I	J				
Lower	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	Lower
				T	S	R	Q	P	O	N	M	L	K				
Upper																	Upper
Lower																	Lower

Is the student currently being treated for any dental condition? ☐ No ☐ Yes

If yes, when will treatment be complete? _____

Signature of Health Care Provider

By signing below, I certify that the above information is true to the best of my knowledge.

Health Care Provider's Name : _____ Phone: _____

Health Care Provider's Signature: _____ Date: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____