

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH

**PRIVATE DENTIST REPORT
OF DENTAL EXAMINATION OF A PUPIL OF SCHOOL AGE**

NAME OF SCHOOL _____ DATE _____ 20__

| | | | | |
|--|-----|---|-------|--------------|
| NAME OF CHILD | AGE | SEX | GRADE | SECTION/ROOM |
| _____ Last First Middle | | <input type="checkbox"/> M <input type="checkbox"/> F | | |

ADDRESS _____

| | | | | | |
|----------------|---------------------|---------------------|--------|-------|-----|
| No. and Street | City or Post Office | Borough or Township | County | State | Zip |
|----------------|---------------------|---------------------|--------|-------|-----|

REPORT OF EXAMINATION

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

Is The Child Under Treatment Yes No

Treatment Completed Yes No

Date of Dental Examination

Signature of Dental Examiner

Print Name of Dental Examiner

Address