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				□ □ M F								
ADDRESS	Lasi			1151				Middle				IVI	<u>'</u>						
No. and Street City or Post Office					Boro	ugh or	or Township County State					е	Zip						
REPORT	OF EXAMI	NATIO	ON															T	
		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	
Treatment Completed							-			Yes □ No □						o 🗆			
Date of Dental Examination Signature of Dental Examiner							-	Print Name of Dental Examiner											
Address								-											