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									Î	AGE	AGE SEX				GRADE SECTIO		N/ROOM		
									_										
ADDRESS	Last		F	irst		 		Middle		***************************************		М	F						
ADDRESS																			
No. and Street City or Post Office						Boro	ugh or	r Township County St					State	tate Zip					
REPORT	OF EXAMI	NATIO	ON																
			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 	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	1.7	Lower	
	UPPER																The state of the s	Upper	
	LOWER																	Lower	
Treatment Completed											Yes □					No 🗆			
	Date o							-	-		F	Print N	lame (of Der	ntal Ex	amine	er		
		Ad	Idress	·.				_											