COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH

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

SCHOOL _____ DATE_____20_____

CHILD	AGE	Sex	GRADE	SECTION/ROOM
_____ Last First Middle		☐ M ☐ F		

_____
No. and Street City or Post Office Borough or Township

_____
County State Zip

: 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

Under Treatment Yes ☐ No☐

Completed Yes ☐ No☐

_____
Date of Dental Examination

_____ _____
Signature of Dental/ Examiner Print Name of Dental Examiner

_____
Address