COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH

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

Name of School ____________________________ Date _______________

Name of Child ________________________________ Last First Middle	Age	Sex M__ F__	Grade	Section/Room
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

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Address