COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF HEALTH

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

NAME OF	NAME OF SCHOOL													20				
NAME OF CHILD											AG	E		SEX		GRADE		SECTION/ROOM
							Middle					M					·	
Last				First N				ddle			<u> </u>		М.	F		<u> </u>		
ADDRESS																		
No. and Street			City or Post Office				Barough or Towns				ship Co			County			Zip	
REPORT	OF EXA	MINA	ATION	Į				,		· · · · ·					*	<u> </u>		
			TOOTH CHART															
			RIGHT								L			FT				
UPPER		1	2	3	4 A	5 B	6 C	7 D	8 E	9 F	10 G	11 H	12 1	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 Date of Dental Examination														Yes [No □
Signature of Dental/Examiner													Print Name of Dental Examiner					
Address																_=		