

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

SECTION/ROOM

Last

First

Middle

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

5

6

7

8

9

10

11

12

13

14

15

16

A

D

G

H

LOWER

32

29

28

26

25

21

Lower

T

S

Q

P

R

O

N

M

L

K

UPPER

LOWER

Is The Child Under Treatment

Yes

No

Treatment Completed

Yes

No

Date of Dental Examination