## 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										AGE		SEX			GRADE		SECTION/ROOM	
Last First								Middle	_									
ADDRESS				1100	-		-	Middle				M	F					
												95						
No. and Street City or Post Office				9	Boro	ough or	Township County State					е	Zip					
REPORT	OF EXAM	NATIO	ИС															
		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	Uppe
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
reatment Completed											Yes □					No □		
	Date o	f Denta	al Exa	minat	ion			<u> </u>										
Signature of Dental Examiner									-	Print Name of Dental Examiner								
Address																		