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			
· ·	First					Middle					□ □ M F								
ADDRESS	Last	· · · · · · · · · · · · · · · · · · ·	Г	IISt	×			Middle	.			IVI	F		•			ALC: .	
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No. and Street City or Pos					st Office Borough o				Township Co			Count	County			State Zip			
REPORT	OF EXAMI	NATIO	NC																
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		RIGI				GHT	- T				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							L	Yes □ No □							ь П				
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		,	•							,									
Treatment Completed			7	,								Ye	Yes 🗆			No □			
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Date of Dental Examination						-													
	Date c	Den ו	tai Ex	amına	tion								•			•			
										7878 - T.V. 1178.									
	Signatu	ire of	Denta	l Exar	niner						F	rint N	ame d	of Der	ntal Ex	amine	r		
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		Ad	ldress	;				-											