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			
124						NAC TO													
ADDRESS	Last	7	-	irst	The state of the s			Middle				M	F						
ADDRESS																			
No. and Street				Cit	City or Post Office Borough o					r Township Coun			y	State Zi			Zip		
REPORT	OF EXAMI	NATIO	N																
		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			2-					4									Lower	
Treatment Completed									Yes □					N	No 🗆				
	Date o	of Den	tal Ex	amina	tion		-	-											
Signature of Dental Examiner									Print Name of Dental Examiner										
Address																			