

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

A

5

6

7

D

8

9

10

G

11

H

LOWER

32

29

T

28

S

26

Q

25

P

21

Lower

R

O

N

M

L

K

UPPER

LOWER

Is The Child Under Treatment

Yes

No

Treatment Completed

Yes

No

Date of Dental Examination