## COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF HEALTH

## PRIVATE DENTIST REPORT OF DENTAL EXAMINATION OF A PUPIL OF SCHOOL AGE

AME OF SCHOOL											DATE						20		
AME OF CHILD												AGE SEX			X	GRADE	SECTION /ROOM		
ıst					N	1iddle				M	F								
	ADDRESS																		I
	No. and Street				City or Post Office					Borough/Township				County				State	Zip
	REPORT	OF I	EXAI	MINA		ON GHT		TOOTH CHART  LEFT											
,	UPPER	1	2	3	4 A	5 B	6 C	7 D	8 E	9 F	10 G	11 H	12	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	s the Child Under Treatment?										YES		□ NO □					
	Treatment Completed?										YES [	]	] NO 🗆						
			Da	te of I	Dental	Exam													
		S	ignatu	ire of l			niner						F	rint n	ame c	of Dent	tal Exa	nminer	
				Ac	ldress														