## COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF HEALTH

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

NAME OF SCHOOL									DATE20 _								
NAME OF CHILD									AGE		SEX			GRADE		SECTION/ROOM	
Last First							5.44 A D										
Last ADDRESS		<u> </u>	rst	<u>.</u>			Middle			<u> </u>	М	F					
No. and Street City or Pos				st Office Borough or				r Township County				у	State Zip				
REPORT OF EXAM	IINATIO	NC								_							
		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 	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
s The Child Under Treatment						1		Yes □ No □						<u>.</u> П	·		
Treatment Completed										Yes □ N					o 🗖		
Date	of Den	tal Ex	amina	tion			-			-							
Signature of Dental Examiner								_	Print Name of Dental Examiner								
Address																	