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								22	AGE	SEX				GRADE	S	SECTION/ROOM			
	First					Middle					M F								
ADDRESS																			
No. a		City or Post Office					Borough or			Township			у	State		Zip			
REPORT	OF EXAMI	NATIO	N																
						TOOTH CHART													
1		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	
Is The Child Under Treatment										Yes 🗆					o 🗆				
Treatment									Yes					No □					
	Date o	of Den	tal Ex	amina	tion			-											
	as =			,															
Signature of Dental Examiner									-	Print Name of Dental Examiner									
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		AC	101655)															