H514.027

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 |
|---|---|---|---|---|
| _____<br>Last First Middle | | ☐ M ☐ F | | |

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<br>A | 5<br>B | 6<br>C | 7<br>D | 8<br>E | 9<br>F | 10<br>G | 11<br>H | 12<br>I | 13<br>J | 14 | 15 | 16 | Upper |
| LOWER | | 32 | 31 | 30 | 29<br>T | 28<br>S | 27<br>R | 26<br>Q | 25<br>P | 24<br>O | 23<br>N | 22<br>M | 21<br>L | 20<br>K | 19 | 18 | 17 | Lower |
| | UPPER | | | | | | | | | | | | | | | | | Upper |
| | LOWER | | | | | | | | | | | | | | | | | Lower |

Is The Child Under Treatment Yes ☐ No ☐

Treatment Completed Yes ☐ No ☐

_____
Date of Dental Examination

_____
Signature of Dental Examiner

_____
Print Name of Dental Examiner

_____
Address