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									A	GE	SEX		GF	GRADE		SECTION/RO		
Last First								ddle			□ M	F						
Last	IVII	udie			IVI	Г												
ADDRESS																		
No. and Street	City or Post Office							Borough/Township			County					State Zip		
REPORT OF EXA	MIN	ATI	ON															
TOOTH CHART																		
	2.000]]								
	RIGHT 1 2 3 4 5 6						7	8	9	10	11	12	FT 13		15	16		
UPPER				A	В	C	D	Е	F	G	Н	I	J				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									7								Lower	
Is The Child Under Treatment?										Yes No []	
														Ž.				
Treatment Completed										Yes No No]		
													•					
Date of D	ental	Exar	nınatı	ion														

Signature of Dental Examiner									Print Name of Dental Examiner									
A	Address																	