

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 |     | <input type="checkbox"/> M <input type="checkbox"/> F |       |              |

ADDRESS \_\_\_\_\_

|                |                     |                     |        |       |     |
|----------------|---------------------|---------------------|--------|-------|-----|
| No. and Street | City or Post Office | Borough or Township | County | State | Zip |
|----------------|---------------------|---------------------|--------|-------|-----|

**REPORT OF EXAMINATION**

|       | TOOTH CHART |    |    |    |    |    |    |    |      |    |    |    |    |    |    |    |       |
|-------|-------------|----|----|----|----|----|----|----|------|----|----|----|----|----|----|----|-------|
|       | RIGHT       |    |    |    |    |    |    |    | LEFT |    |    |    |    |    |    |    |       |
|       | 1           | 2  | 3  | 4  | 5  | 6  | 7  | 8  | 9    | 10 | 11 | 12 | 13 | 14 | 15 | 16 |       |
| UPPER |             |    |    | A  | B  | C  | D  | E  | F    | G  | H  | I  | J  |    |    |    | Upper |
| LOWER | 32          | 31 | 30 | 29 | 28 | 27 | 26 | 25 | 24   | 23 | 22 | 21 | 20 | 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