

H514.027 (2/2023)

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 STUDENT			AGE	SEX	GRADE	SECTION/ROOM
Last	First	Middle	M	F		

ADDRESS

No. and Street \_\_\_\_\_ City or Post Office \_\_\_\_\_ Borough/Township \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**REPORT OF EXAMINATION**

		TOOTH CHART																
		RIGHT								LEFT								
		1	2	3	4	5	6C	7	8	9	10	11	12	13J	14	15	16	
UPPER					A	B		D	E	F	G	H	I					Upper
LOWER		32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	Lower
EXAM	UPPER																	Upper
	LOWER																	Lower

Untreated Decay: No Yes

Treated Decay: No Yes

Any Sealants on Permanent Molars: No Yes

Treatment Urgency: None Early Urgent

\_\_\_\_\_  
Date of Dental Examination

\_\_\_\_\_  
Signature of Dental Examiner      Print Name of Dental Examiner

\_\_\_\_\_  
Address of Dental Examiner