

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	<u>AGE</u>	<u>SEX</u>	<u>GRADE</u>	<u>SECTION/ROOM</u>
Last First Middle		M F		

ADDRESS

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

REPORT OF EXAMINATION

		<u>TOOTH CHART</u>																
		<u>RIGHT</u>								<u>LEFT</u>								
		<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u> <u>A</u>	<u>5</u> <u>B</u>	<u>6</u> <u>C</u>	<u>7</u> <u>D</u>	<u>8</u> <u>E</u>	<u>9</u> <u>F</u>	<u>10</u> <u>G</u>	<u>11</u> <u>H</u>	<u>12</u> <u>I</u>	<u>13</u> <u>J</u>	<u>14</u>	<u>15</u>	<u>16</u>	
<u>UPPER</u>																	<u>Upper</u>	
<u>LOWER</u>																	<u>Lower</u>	
<u>EXAM</u>	<u>UPPER</u>																<u>Upper</u>	
	<u>LOWER</u>																<u>Lower</u>	

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