

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

		<u>TOOTH CHART</u>																
		<u>RIGHT</u>								<u>LEFT</u>								
<u>UPPER</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>LOWER</u>		<u>32</u>	<u>31</u>	<u>30</u>	<u>29</u> <u>T</u>	<u>28</u> <u>S</u>	<u>27</u> <u>R</u>	<u>26</u> <u>Q</u>	<u>25</u> <u>P</u>	<u>24</u> <u>O</u>	<u>23</u> <u>N</u>	<u>22</u> <u>M</u>	<u>21</u> <u>L</u>	<u>20</u> <u>K</u>	<u>19</u>	<u>18</u>	<u>17</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