COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF HEALTH

PRIVATE DENTIST REPORT OF DENTAL EXAMINATION/SCREENING OF A PUPIL OF SCHOOL AGE

NAME C		DATE _																
NAME OF STUDENT											TE OF	GR	ADF	<u>S</u> <u>S</u>	ECTI	ON/I	ROOM	<u>1</u>
Last First								Mi	ddle									
ADDRE	<u>SSS</u>		111	<u> </u>				1711	<u>aure</u>	<u> </u>		<u> </u>						
No. and Street			City or Post Office B						ugh/T	County State					State	Zip		
REPOR'	T OF EXA	MINA	ATIC	<u>)N</u> /S	CRE	ENII	NG	<u>T(</u>	ОТЪ	I CH	ART							
	RIGHT						T _					<u>LEFT</u>						
<u>UPPER</u>		1	<u>2</u>	3	<u>4</u> <u>A</u>	<u>5</u> <u>B</u>	6 C	<u>7</u> <u>D</u>	<u>8</u> <u>E</u>	<u>9</u> <u>F</u>	10 G	<u>11</u> <u>H</u>	<u>12</u> <u>I</u>	13 <u>J</u>	<u>14</u>	<u>15</u>	<u>16</u>	<u>Upper</u>
LOWER		<u>32</u>	<u>31</u>	<u>30</u>	<u>29</u> <u>T</u>	28 <u>S</u>	27 <u>R</u>	<u>26</u> <u>Q</u>	25 <u>P</u>	<u>24</u> <u>O</u>	23 <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>	Lower
<u>EXAM</u>	<u>UPPER</u>																	<u>Upper</u>
	LOWER																	<u>Lower</u>
Untreated Decay:				No	Y	es												
Treated Decay: No Yes																		
Sealants on Permanent Molars No Yes																		
Treatment Urgency:				None Early					Urge	<u>ent</u>								
	Date																	
S	Signature of	Denta	al Pro	ovide	r		Pri	nt Na	me of	Denta	al Prov	rider						
	Address of 1	Denta	ıl Pro	vider	•			_										