

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

Last First Middle

☐
M

☐
F

ADDRESS

No. and Street

City or Post Office

Borough or Township

County

State

Zip

REPORT OF EXAMINATION

	TOOTH CHART																
	RIGHT								LEFT								
UPPER	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	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

Brecknock Elementary School
T: 610-775-5079 F: 610-288-0584

Cumru Elementary School
T: 610-775-5081 F: 610-288-0580

Mifflin Park Elementary School
T: 610-288-0570 F: 610-288-0579

Intermediate School
T: 610-775-5083 F: 610-288-0202

Middle School
T: 610-775-1465 F: 610-288-0595

High School
T: 610-775-5089 F: 610-288-0110