## COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF HEALTH

## PRIVATE DENTIST REPORT OF DENTAL EXAMINATION OF A PUPIL OF SCHOOL AGE

| AME OF                                | SCHOOL       |          |         |        |           |         |                     |           |            |         |            |         |         |         | _ DAT  | E       |              | 19      |
|---------------------------------------|--------------|----------|---------|--------|-----------|---------|---------------------|-----------|------------|---------|------------|---------|---------|---------|--------|---------|--------------|---------|
| AME OF SCHOOL                         |              |          |         |        |           |         | *                   |           |            | AGE     |            | 5       | EX      |         | GRA    | DE      | SECTION/ROOM |         |
|                                       |              |          |         |        |           |         |                     |           | ,          |         |            |         |         | F       | ]      |         |              |         |
| Last First Middle                     |              |          |         |        |           | dle     |                     | <u></u> . |            |         | M          | r       |         |         |        |         |              |         |
| DDRESS                                |              |          |         |        |           |         |                     |           |            |         |            |         |         |         |        |         |              |         |
|                                       | No. and Stre | et       |         | City   | or Post ( | Office  | Borough or Township |           |            |         |            |         | County  |         |        |         |              | Zip     |
| EPORT                                 | OF EXA       | MINA     | TION    |        |           |         |                     |           |            |         |            |         |         |         |        |         |              |         |
|                                       |              |          |         |        |           |         |                     | Т         | OOTH CHART |         |            |         |         |         |        |         |              |         |
|                                       |              |          |         |        | RIG       | r       |                     | F .       | Γ.         | 9       | 10         | 11      | LEFT    |         |        |         | 16           |         |
| UPPI                                  | ER           | 1        | 2       | 3      | 4<br>A    | 5<br>B  | 6<br>C              | 7<br>D.   | 8<br>E     | F       | G          | н       | ı       | J       | L      | 15      |              | Upper   |
| LOW                                   | ER           | 32       | 31      | 30     | 29<br>T   | 28<br>S | 27<br>R             | 26<br>Q   | 25<br>P    | 24<br>O | 23<br>N    | 22<br>M | 21<br>L | 20<br>K | 19     | 18      | 17           | . Lower |
|                                       | UPPER        |          |         |        |           |         |                     |           |            |         |            |         |         |         |        |         |              | Upper   |
|                                       | LOWER        |          |         |        |           |         |                     |           |            |         |            |         |         |         |        |         |              | Lower   |
|                                       |              |          |         |        |           |         |                     |           | d          | <u></u> | Yes □ No □ |         |         |         |        |         |              |         |
| Treatment Completed                   |              |          |         |        |           |         |                     |           |            |         |            |         |         | Yes     |        |         |              | No □    |
| -                                     | Da           | ate of D | ental E | Examin | ation     |         |                     |           |            |         |            |         |         |         |        |         |              |         |
| Signature of Dental/Examiner  Address |              |          |         |        |           |         |                     |           |            |         | -          |         |         | Prir    | nt Nam | e of De | ntal Ex      | aminer  |
|                                       |              |          | - Guil  |        |           |         |                     |           |            |         |            |         |         |         |        |         |              |         |

## COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF HEALTH

## PRIVATE DENTIST REPORT OF DENTAL EXAMINATION OF A PUPIL OF SCHOOL AGE

| NAME OF SCHOOL    |                                                 |      |                     |          |         |      |                                        |        |       |                |          | DATE                          |             |         |       |          | 19       |              |  |
|-------------------|-------------------------------------------------|------|---------------------|----------|---------|------|----------------------------------------|--------|-------|----------------|----------|-------------------------------|-------------|---------|-------|----------|----------|--------------|--|
| NAME OF CHILD     |                                                 |      |                     |          |         |      |                                        |        |       |                | AGE      |                               |             | SEX     |       | GRADE    |          | SECTION/ROOM |  |
| Last First Middle |                                                 |      |                     |          |         | ddle |                                        |        | _     | İ              | _<br>M   | _<br>                         | ב           |         |       |          |          |              |  |
| ADDRESS           | 6                                               |      |                     |          |         |      |                                        |        |       | :- <u>;,,,</u> | <u> </u> |                               | <del></del> |         |       | <u> </u> |          |              |  |
|                   | No. and Str                                     | В.   | Borough or Township |          |         |      |                                        | County |       |                | )        | Zip                           |             |         |       |          |          |              |  |
|                   |                                                 |      |                     |          |         |      |                                        |        |       |                |          |                               |             |         | State |          |          |              |  |
| REPOR             | OF EXA                                          |      |                     |          |         |      | ······································ |        |       |                |          |                               |             |         |       |          |          |              |  |
|                   |                                                 |      |                     |          | RIC     | ЭНТ  |                                        | T      | тоотн | CHAR<br>       | IT       | LEFT                          |             |         |       |          |          |              |  |
| UPPER             |                                                 | 1 2  |                     | 3        | 4 5     |      | 6<br>C                                 | 7      | 8     | 9              | 10       | 11                            | 12 13       |         | 14    | 15       | 16       | Upper        |  |
| LO                | LOWER                                           |      | 31                  | 30       | 29<br>T | 28   | 27                                     | D. 26  | 25    | F 24           | G<br>23  | 22                            | 21          | J<br>20 | 19    | 18       | 17       | Lower        |  |
|                   | UPPER                                           |      |                     |          | T       | s    | R                                      | Q      | Р     | 0              | N        | M                             | L           | K       |       |          |          | Upper        |  |
|                   | LOWER                                           |      |                     |          |         |      |                                        |        |       |                |          |                               |             |         |       |          |          | Lower        |  |
|                   | s The Child Under Treatment                     |      |                     |          |         |      |                                        |        |       |                | L        | L                             | L           | Yes 🗆   |       |          | <br>No □ |              |  |
| Treatme           | Treatment Completed  Date of Dental Examination |      |                     |          |         |      |                                        |        |       |                |          |                               |             | Yes     |       |          | Ĩ        | No □         |  |
|                   | <i>o</i> at                                     | 0100 | inai Ci             | (ariiiia | tion    |      |                                        |        |       |                | _        |                               |             |         |       |          |          |              |  |
|                   | Signature of Dental/Examiner                    |      |                     |          |         |      |                                        |        |       |                |          | Print Name of Dental Examiner |             |         |       |          |          |              |  |
|                   |                                                 | - F  | Addres              | S        |         |      |                                        |        |       |                |          |                               |             |         |       |          |          |              |  |