## COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF HEALTH

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

NAME OF SCHOOL											DATE								
NAME OF CHILD										AGE		SEX			GRADE		SECTION/ROOM		
Last First				Middle				_			□ □ M F								
ADDRESS				1151				MIGGIE	ļ			IVI							
									_										
No. and Street City or Post Office					9	Boro	ough or	or Township County Stat				е	Zip						
REPORT	OF EXAMI	NATIO	ON																
		TOOTH CHART																	
		RIGHT								LEFT									
UPPER		1	2	3	4 A	5 B	6 C	7 D	8 E	9 F	10 G	t1 H	12 I	13 J	14	15	16	Upper	
LOWER		32	31	30	29 T	28 S	27 R	26 Q	25 P	24 O	23 N	22 M	21 L	20 K	19	18	17	Lower	
	UPPER																	Upper	
	LOWER																	Lower	
Treatment Completed											Yes □					No 🗆			
Date of Dental Examination  Signature of Dental Examiner									-	Print Name of Dental Examiner									
Address								,											