COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH

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

Name of School: _____

Name of Child	**Age**	**Gender**	**Grade**
_____ Last First Middle	_____	☐Male ☐Female	_____
Address _____ No. and Street/Po Box City/Borough/Town County State Zip			

_____

REPORT OF EXAMINATION

	TOOTH CHART																
	RIGHT								LEFT								
UPPER	1	2	3	4 A	5 B	6 C	7 D	8 E	9 F	10 G	11 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

Is the Child Under Treatment? ☐ YES ☐ NO

Treatment Completed? ☐ YES ☐ NO

Signature of Examiner: _____ Printed Name: _____

Address: _____

Date of Examination: _____