

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 |
| _____         | _____ | _____  |     | <input type="checkbox"/> M <input type="checkbox"/> F |       |              |
| Last          | First | Middle |     |   |       |              |

ADDRESS

\_\_\_\_\_  
No. and Street      City or Post Office      Borough/Township      County      State      Zip

**REPORT OF EXAMINATION**

|       | TOOTH CHART |    |    |   |   |   |   |   |      |    |    |    |    |    |    |    |       |
|-------|-------------|----|----|---|---|---|---|---|------|----|----|----|----|----|----|----|-------|
|       | RIGHT       |    |    |   |   |   |   |   | LEFT |    |    |    |    |    |    |    |       |
|       | 1           | 2  | 3  | 4 | 5 | 6 | 7 | 8 | 9    | 10 | 11 | 12 | 13 | 14 | 15 | 16 |       |
| UPPER |             |    |    | A | B | C | D | E | F    | G  | H  | I  | J  |    |    |    | Upper |
| LOWER | 32          | 31 | 30 | T | S | R | Q | P | O    | N  | M  | L  | K  | 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