## 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	Last		1-1	ırsı			I	MIGGIE			<u> </u>		<u> </u>						
																		,	
No. and Street City or Post Office					)	Boro	ugh or	or Township County				State Zip							
REPORT (	OF EXAMI	NATIC	N						-									1	
		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 	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 o							-	-										
Signature of Dental Examiner  Address								-		Print Name of Dental Examiner									