

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
		Male      Female		

Last                  First                  Middle

ADDRESS

No. and Street                  City or Post Office                  Borough or Township                  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

Date of Examination

\_\_\_\_\_  
Signature of Dental Examiner

\_\_\_\_\_  
Print Name of Examiner

\_\_\_\_\_  
Address of Examiner