## COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF HEALTH

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

NAME OF		DATE																
IAME OF CHILD									AGE		SEX			GRADE		SECTION/ROOM		
Last				First Middl				die	9									
DDRESS																		
No. and Street				City	or Post	Office	Borough or Tow				ship County		nty		State		Zip	
REPORT	OF EXA	AMIN	TION								,							
								Т	OOTH	CHAR	T							
			RIGHT									LEFT						
UPP	ER	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
LOV	VER	32	31	30	29 T	28 S	27 R	26 Q	25 P	24	23 N	22 M	21 L.	20 K	19	18	17	Lower
	UPPER								-									Upper
	LOWER													ļ				Lower
Treatmer	reatment Completed											Yes □					No 🗆	
										, S.								
	D	ate of D	ental f	Examir	nation													
	Siç	jnature	of Der	ntal/Exa	aminer									Prir	il Nam	e of De	ntal Ex	aminer

Address