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			
	First					Middle					М	F					¥		
ADDRESS																			
No. a	City or Post Office						Boro	ough or Township			County				Stat	State Zip			
REPORT	OF EXAMI	NATIO	ON																
OZ			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	
Treatment Completed Date of Dental Examination										Yes□ No□									
Signature of Dental Examiner									_	Print Name of Dental Examiner									
Address																			