

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF HEALTH

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

NAME OF SCHOOL \_\_\_\_\_ DATE \_\_\_\_\_ 20\_\_

<u>NAME OF STUDENT</u>			<u>AGE</u>	<u>SEX</u>	<u>GRADE</u>	<u>SECTION/ROOM</u>
Last	First	Middle		M    F		

ADDRESS

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

**REPORT OF EXAMINATION**

		<u>TOOTH CHART</u>																
		<u>RIGHT</u>								<u>LEFT</u>								
<u>UPPER</u>		<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u> <u>A</u>	<u>5</u> <u>B</u>	<u>6</u> <u>C</u>	<u>7</u> <u>D</u>	<u>8</u> <u>E</u>	<u>9</u> <u>F</u>	<u>10</u> <u>G</u>	<u>11</u> <u>H</u>	<u>12</u> <u>I</u>	<u>13</u> <u>J</u>	<u>14</u>	<u>15</u>	<u>16</u>	<u>Upper</u>
<u>LOWER</u>		<u>32</u>	<u>31</u>	<u>30</u>	<u>29</u> <u>T</u>	<u>28</u> <u>S</u>	<u>27</u> <u>R</u>	<u>26</u> <u>Q</u>	<u>25</u> <u>P</u>	<u>24</u> <u>O</u>	<u>23</u> <u>N</u>	<u>22</u> <u>M</u>	<u>21</u> <u>L</u>	<u>20</u> <u>K</u>	<u>19</u>	<u>18</u>	<u>17</u>	<u>Lower</u>
<u>EXAM</u>	<u>UPPER</u>																	<u>Upper</u>
	<u>LOWER</u>																	<u>Lower</u>

Untreated Decay:                  No                  Yes

Treated Decay:                  No                  Yes

Any Sealants on Permanent Molars:                  No                  Yes

Treatment Urgency:                  None                  Early                  Urgent

\_\_\_\_\_ Date of Dental Examination

\_\_\_\_\_ Signature of Dental Examiner                  Print Name of Dental Examiner

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