

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 STUDENT  Last                      First                      Middle	AGE	SEX M      F	GRADE	SECTION/ROOM

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