

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>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>	<u>8</u>	<u>9</u>	<u>10</u>	<u>11</u>	<u>12</u>	<u>13</u>	<u>14</u>	<u>15</u>	<u>16</u>	
<u>UPPER</u>					<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>E</u>	<u>F</u>	<u>G</u>	<u>H</u>	<u>I</u>	<u>J</u>				<u>Upper</u>
<u>LOWER</u>		<u>32</u>	<u>31</u>	<u>30</u>	<u>T</u>	<u>S</u>	<u>R</u>	<u>Q</u>	<u>P</u>	<u>O</u>	<u>N</u>	<u>M</u>	<u>L</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