

H514.027 (2/2023)

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

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