

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__

<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>6C</u>	<u>7</u>	<u>8</u>	<u>9</u>	<u>10</u>	<u>11</u>	<u>12</u>	<u>13J</u>	<u>14</u>	<u>15</u>	<u>16</u>		
<u>UPPER</u>					<u>A</u>	<u>B</u>	<u>27</u>	<u>26</u>	<u>25</u>	<u>24</u>	<u>23</u>	<u>22</u>	<u>21</u>	<u>20</u>	<u>19</u>	<u>18</u>	<u>17</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>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