## COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF HEALTH

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

AME OF	SCHOOL														_ DAT			19
IAME OF CHILD											AGE		SEX			GRADE		SECTION/ROOM
						dle			M F									
	Last			First														
DDRESS																		
No. and Street			et City or Post Office				Borough or Towns				ship		County			State		Zip
REPORT	OF EXA	MINA	TION	I														
		TOOTH CHART																
		RIGHT												FT				
UPPER		1 2		3	4 5		6	7	8	9 F	10 G	11 H	12 I	13 J	14	15	16	Upper
LOWER		32	31	30	29 T	28 S	27 R	26 Q	25 P	24	23 N	22 M	21 L	20 K	19	18	17	Lower
	UPPER				·													Upper
	LOWER			7.														Lower
reatmer	nt Comple	ted												Yes				No 🗆
	, D	ato of C	Dental I	Examin	nation													
	<i>D</i> 6	ite of L	zeman															
,	Sig	nature		ntal/Ex	aminer	e								Prir	nt Nam	e of De	ntal Ex	aminer
			Addr	ess														