## COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF HEALTH

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

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.D										AGE	SE	X		GRA	DE	SECTION/RC	
First								Midd	le		\ \ \ \	1	F				
														**			
t				City o	r Post	Office	2	Borou	gh or	Towns	hip		Count	.y	Sta	ite Zip	
EXA	MIN	IATIO	NC		-												
TOOTH CHART RIGHT											LEFT						
1	2	3	4 A	5 B	6 C	7 D	8 E	9 F	10 G	11 H	12 1	13 J	14	15	16	UPPER	
32	31	30	29 T	28 S	27 R	26 Q	25 P	24 O	23 N	22 M	21 L	20 K	19	18	17	LOWER	
																UPPER	
																LOWER	
Is the child under treatment?										Yes				No 🗀			
Treatment completed?										Yes 🔲				No 🔲			
f Der	ntal (	Exan	ninat	tion												· 10	
Signature of Dental Examiner									-	Print Name of Dental Examiner							
	Et EXA	EXAMINATION TOOTH CHARACTER STATE OF THE COMPANY OF	EXAMINATION TOOTH CHART  1 2 3 32 31 30  Child under transfer complete	EXAMINATION  TOOTH CHART RI  1 2 3 4 A 32 31 30 29 T  Child under treatment completed?  Final Examination of Dental Examination of D	First  City of EXAMINATION  TOOTH CHART RIGHT  1 2 3 4 5 A B 32 31 30 29 28 T S  Child under treatment then completed?  The property of the complete of the co	First  City or Post  EXAMINATION  TOOTH CHART RIGHT  1 2 3 4 5 6 C 32 31 30 29 28 27 T S R  Child under treatment?  Then the completed?	EXAMINATION  TOOTH CHART  RIGHT  1 2 3 4 5 6 7 D  32 31 30 29 28 27 26 R  RIGHT  Child under treatment?  Then the completed?  The property of the complete of	First  City or Post Office  EXAMINATION  TOOTH CHART  RIGHT  1 2 3 4 5 6 7 8 E C D E E E C D E	First Midd  St City or Post Office Borough  EXAMINATION  TOOTH CHART RIGHT  1 2 3 4 5 6 7 8 9 F 32 31 30 29 28 27 26 25 24 F T S R Q P O  Schild under treatment?  Then the completed?	EXAMINATION  TOOTH CHART  RIGHT  1 2 3 4 5 6 7 8 9 10 E F G 32 31 30 29 28 27 26 25 24 23 T S R Q P O N  child under treatment?  Then the completed?  Tooth Chart  RIGHT  RIGHT	First Middle  **EXAMINATION  **TOOTH CHART  **RIGHT**  1	First Middle SE  City or Post Office Borough or Township  EXAMINATION  TOOTH CHART  RIGHT  1 2 3 4 5 6 7 8 9 10 11 12  A B C D E F G H I  32 31 30 29 28 27 26 25 24 23 22 21  T S R Q P O N M L  Child under treatment?  Yes  Thent completed?  Yes	First Middle SEX  City or Post Office Borough or Township  EXAMINATION  TOOTH CHART RIGHT RIGHT LEFT  1 2 3 4 5 6 7 8 9 10 11 12 13 13 13 30 29 28 27 26 25 24 23 22 21 20 N M L K TOOTH SEX ROLE POON N M L K  whild under treatment?  Thent completed?  Yes  Thent completed?  Yes  Thent completed Provided Provid	AGE   SEX	AGE   SEX   GRAPE   SEX   GR	AGE   SEX   GRADE   SEX   GRADE   SEX   SEX	