

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>D</u>	<u>E</u>		<u>F</u>	<u>G</u>	<u>H</u>	<u>I</u>				<u>Upper</u>	
<u>LOWER</u>		<u>32</u>	<u>31</u>	<u>30</u>	<u>29</u>	<u>28</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>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

A dental examination is required for each student upon original entry into school (Kindergarten or first grade), in Grade 3 and Grade 7. Parents are urged to have these examinations performed by family dentists because they have the facilities in their offices to provide thorough examinations and are in the best position to recommend immediate steps for any needed care. Examination forms completed by the family dentist should be returned to the school nurse.