H514.027

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 CHILD							·		AGE		SEX	SEX		SRADE	SE	CTION	I/ROOM	
								_	_		[ō					
L	First					Middle				M	F							
ADDRESS																		
No. a	City or Post Office)	Borough or Town			wnship County			1	State Z			Zip		
REPORT (OF EXAMI	VATIO	N						25									
							TOOTH CHART						Sa.					
		RIGHT						LEFT										
UP	PER	1	2	3	4 A	5 B	6 C	7 D	8 E	9 F	10 G	11 H	12 	13 J	14	15	16	Upper
LO	WER	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			-	 '-				-									Upper
	LOWER							-										Lower
	ld Under T		L		<u> </u>	<u> </u>	<u> </u>	<u></u>	<u> </u>		Yes □					No 🗆		
Treatmen	t Complete	d										Ye	s 🗆			N	lo 🏻	
	Date	of Dei	ntal Ex	xamin	ation													
							25									·		
	Signa	ture of	f Dent	al Exa	mine	•						Print	Name	of De	ental E	xamin	ier	
		Д	ddres	SS				_										