## COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF HEALTH

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

NAME OF SCHOOL															_ DAT	ΓE	20		
NAME OF CHILD										AGE	E	SEX			GRADE		SECTION/ROOM		
Last First						Middle						M F							
ADDRESS	Last										L								
												1000-0				-			
No. and Street				City or Post Office				Borough or Towns				ship (		County		State		Zip	
REPORT	OF EXA	MINA	MOITA	1															
		TOOTH CHART																	
		RIGHT										LEFT							
UPPER		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	
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				i i			-										Upper	
	LOWER																	Lower	
Is The Child Under Treatment							-11111111111111111111111111111111111111	-		Yes No No				No []					
is The Cr	ilia Unaer	ireat	ment											163				<b>10</b>	
																ď			
Treatment Completed											Yes 🗆				No 🗆				
neather Completed																			
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	Da	te of D	entai E	ханнн	20011														
	Signature of Dental/Examiner										-	Print Name of Dental Examiner							
Address																			

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