COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF HEALTH

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

NAME OF	F SCHOOL														_ DA	TE		20
NAME OF CHILD								AGE		SEX			GRADE		SECTION/ROOM			
Last				First Middl				ddle	•				M F					
ADDRESS	N																	
No. and Street				City or Post Office				E	Borough or Townsh			hip		County		State		Zip
REPORT	OF EXA	MINA	MOITA	V														
									тоотн	CHAF	RT							
			RIGHT										LE	LEFT				
UPF	UPPER		2	3	4 A	5 B	6 C	7 D	8 E	9 F	10 G	11 H	12 I	13 J	14	15	16	Upper
LOV	LOWER		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																	Lower
Treatment Completed											Yes 🗆			No 🗆				
	Date	e of De	ental Ex	xamina	tion													
											200							
Signature of Dental/Examiner											Print Name of Dental Examiner							
Address																		