

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF HEALTH

**PRIVATE DENTIST REPORT**  
**OF DENTAL EXAMINATION/SCREENING OF A PUPIL OF SCHOOL AGE**

NAME OF SCHOOL \_\_\_\_\_ DATE \_\_\_\_\_ 20\_\_

<u>NAME OF STUDENT</u>	<u>DATE OF BIRTH</u>	<u>GRADE</u>	<u>SECTION/ROOM</u>
_____ Last                      First                      Middle			

ADDRESS

\_\_\_\_\_  
 No. and Street              City or Post Office              Borough/Township              County              State              Zip

**REPORT OF EXAMINATION/SCREENING**

		<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>6</u>	<u>7</u>	<u>8</u>	<u>9</u>	<u>10</u>	<u>11</u>	<u>12</u>	<u>13</u>	<u>14</u>	<u>15</u>	<u>16</u>	
<u>UPPER</u>					<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>E</u>	<u>F</u>	<u>G</u>	<u>H</u>	<u>I</u>	<u>J</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

Sealants on Permanent Molars              No              Yes

Treatment Urgency:                      None              Early              Urgent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Dental Provider                      Print Name of Dental Provider

\_\_\_\_\_  
Address of Dental Provider