COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF HEALTH

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

NAME OF SCHOOL											······································				_ DAT	ΓE	19	
NAME OF CHILD									AGE			SEX GF			ADE	SECTION/ROOM		
Last				First Middle									M F					
ADDRESS			*************************************								L	<u> </u>				L		
No. and Street City or Post Office									Borough or Township				County			State		7:0
No. and Street			Only of Post Office				Borougiror rowns			311p COI						, 	Zip	
REPORT	OF EXA	MINA	TION	I														
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		RIGHT							Т			1	LE					. :
UPPER		1	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
LOWER		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
					L	L												
Is The Child Under Treatment									Yes □						ľ	No 🗆		
Treatment Completed									Yes □					No 🗆				
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	Date	o of Do	ntal Ev	omina	tion													
Date of Dental Examination																		
Signature of Dental/Examiner										Print Name of Dental Examiner							niner	
org. acc. 5 5. Doman Examinor											Time Name of Definal Examiner							

Address