

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> |
| _____ | _____ | _____ | _____ | _____ | _____ |
| <u>Last</u> | <u>First</u> | <u>Middle</u> | | | |

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> | | | | | | | | |
| | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | |
| <u>UPPER</u> | | | | | A | B | C | D | E | F | G | H | I | J | | | | Upper |
| <u>LOWER</u> | | 32 | 31 | 30 | T | S | R | Q | P | O | N | M | L | K | 19 | 18 | 17 | Lower |
| <u>EXAM</u> | <u>UPPER</u> | | | | | | | | | | | | | | | | | Upper |
| | <u>LOWER</u> | | | | | | | | | | | | | | | | | Lower |

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