H514.027 (2/2024)

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH

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

NAME OF SCHOOL _____ DATE _____ 20___

NAME OF STUDENT	DATE OF BIRTH	GRADE	SECTION/ROOM
Last First Middle			

ADDRESS

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

REPORT OF EXAMINATION/SCREENING

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 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
EXAM	UPPER																	Upper
	LOWER																	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