COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF HEALTH

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

NAME C		<u>DATE</u>																
NAME OF STUDENT											TE OF RTH	GR	ADF	SI	ECTI	ON/F	ROOM	<u>1</u>
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<u>ADDRE</u>	<u>SS</u>									•		•		•				
No. and S	City or Post Office						Borough/Township			ip	County				S	State	Zip	
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		<u>RIGHT</u>								<u>LEFT</u>								
<u>UPPER</u>		1	2	3	<u>4</u> <u>A</u>	<u>5</u> B	6 C	7 <u>D</u>	<u>8</u> E	<u>9</u> <u>F</u>	<u>10</u> <u>G</u>	<u>11</u> <u>H</u>	<u>12</u> <u>I</u>	<u>13</u> <u>J</u>	<u>14</u>	<u>15</u>	<u>16</u>	<u>Upper</u>
LOWER_		<u>32</u>	<u>31</u>	<u>30</u>	<u>29</u> T	28 S	27 R	<u>26</u> O	25 P	<u>24</u> O	<u>23</u> <u>N</u>	<u>22</u> <u>M</u>	<u>21</u> <u>L</u>	<u>20</u> <u>K</u>	<u>19</u>	<u>18</u>	<u>17</u>	Lower
EXAM	<u>UPPER</u>											_						<u>Upper</u>
	LOWER																	Lower
Untreated Decay: No Yes Treated Decay: No Yes																		
Sealants on Permanent Molars No Yes																		
Treatment Urgency: None Early								Urge	<u>ent</u>									
	Date																	
S	ignature of	Denta	al Pro	ovide			Priı	nt Nai	me of	Denta	l Prov	ider						
	Address of I	Denta	ıl Pro	vider				-										