## COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF HEALTH

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

AME OF	SCHOOL														_ DA	TE		20
NAME OF CHILD											AG	AGE			SEX		ADE	SECTION/ROOM
	Last			First Middle				ddle					M		F			
DDRESS											L							
	No and Ot	· · · · ·		City	or Post	Office		В	lorough	or Town	shin		Сог	ıntv		State	е	Zip
	No. and Street			City or Post Office				Borough or Towns										
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		TOOTH CHART RIGHT LEFT																
		RIGHT						Ι_	Τ.	-	10	T 44	1	T T T			T 16	
UPP	UPPER		2	3	4 A	5 B	6 C	7 D	8 E	9 F	10 G	11 H	12	13 J	14	15	16	Upper
LOW	/ER	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
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,	Date	e of De	ntal Ex	aminat	ion													
	Signa			I/Exam	iiner									Print I	Name o	of Denta	al Exan	niner
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