COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF HEALTH

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

NAME OF	SCHOOL		DATE															
NAME OF CHILD										AGE		SEX			GRADE SECTION/R		N/ROOM	
Last First										To the second se			the every equilibrium into do note.					
ADDRESS			r	-irst				Middle	·			M	F					
No. and Street City or Post Office					е	Borough or Towns			nip County				State Zip					
REPORT	OF EXAMI	NATIO	ON						•									
									TOOTH CHART									
		F					IGHT						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	- Company of the Comp												The state of the s	The second secon			Upper
	LOWER																	Lower
Is The Child Under Treatment								Yes 🗆						No 🗆				
Treatment Completed								Yes 🗆						No	ο□			
•															O Bossell			
	Date of	f Dent	al Exa	aminat	ion													
Signature of Dental Examiner										-	Р	rint Na	ame o	f Den	tal Exa	ımine	r	
description de la company																		
Address																		