

Private Dental Report

Dear Parents/Guardian,

The state of Pennsylvania requires that students in grades kindergarten/one, three and seven receive a dental evaluation. This evaluation is required by the state because these are critical periods when a child's mouth experiences much structural change, and when dental decay may occur quite rapidly. With good routine home care and biannual professional care, dental health problems may be prevented.

Please have the student's dentist complete form below, and return in September.

FOR USE BY DENTAL EXAMINER ONLY

Private Dentist Report of Dental Examination of a Pupil of School Age

Name of School _____ Grade _____ Section/Teacher _____
 Name of Child _____ Age _____ Sex Male Female
 Child's Street Address _____ City _____ State _____ Zip _____

Report of Examination

| | | 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 O | 25 P | 24 Q | 23 N | 22 M | 21 L | 20 K | 19 | 18 | 17 | Lower |
| | UPPER | | | | | | | | | | | | | | | | | Upper |
| | LOWER | | | | | | | | | | | | | | | | | Lower |

Is The Child Under Treatment? Yes No

Treatment Completed? Yes No

Date of Dental Examination

Signature of Dental Examiner*

Print Name of Dental Examiner