

## 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								
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	
UPPER					A	B	C	D	E	F	G	H	I	J				Upper
LOWER		32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	Lower
	UPPER				T	S	R	Q	P	O	N	M	L	K				Upper
	LOWER																	Lower

Is The Child Under Treatment? ☐ Yes ☐ NoTreatment Completed? ☐ Yes ☐ No

Date of Dental Examination

Signature of Dental Examiner\*

Print Name of Dental Examiner