## COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF HEALTH

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

| Last ADDRESS  No. and Stre  REPORT OF EXA  UPPER  LOWER  LOWER  LOWER |           | ATION 2 |              | or Post | Office  | Mid      |             | orough (        |                                       | AGE     |                      | □ M                                   | SEX<br>F  | ן    | GRA    | ADE     | SE    | CTION/ROOM                |  |
|-----------------------------------------------------------------------|-----------|---------|--------------|---------|---------|----------|-------------|-----------------|---------------------------------------|---------|----------------------|---------------------------------------|-----------|------|--------|---------|-------|---------------------------|--|
| No. and Stre REPORT OF EXA  UPPER  LOWER  UPPER  LOWER                | MINA<br>1 |         | City         | or Post | Office  | Mid      |             | orough (        |                                       |         |                      | M                                     | F         | ]    |        |         |       |                           |  |
| No. and Stre REPORT OF EXA  UPPER  LOWER  UPPER  LOWER                | MINA<br>1 |         | City         | or Post | Office  | MIC      |             | orough (        |                                       |         | <u> </u>             |                                       |           |      |        |         |       |                           |  |
| No. and Stre  REPORT OF EXA  UPPER  LOWER  UPPER  LOWER               | MINA<br>1 |         |              | or Post | Office  |          | Вс          | orough o        | - Tawa                                |         |                      |                                       |           |      |        |         |       |                           |  |
| UPPER LOWER UPPER LOWER LOWER                                         | MINA<br>1 |         |              | or Post | Office  |          | В           | orough o        | a Taura                               |         |                      |                                       |           |      |        |         |       |                           |  |
| UPPER LOWER UPPER LOWER                                               | •1        |         |              |         | •       |          |             | Borough or Town |                                       |         | ship Ca              |                                       | unty      |      | State  |         | Zip   |                           |  |
| LOWER  UPPER  LOWER                                                   | . ;       | 2       | راي المراجعة |         |         | •        |             |                 |                                       |         |                      |                                       |           |      |        |         |       |                           |  |
| LOWER  UPPER  LOWER                                                   | . ;       | 2       |              | RIC     | энт     |          | 1           | оотн            | CHAR                                  | T       |                      | LE                                    | FT        |      |        |         |       |                           |  |
| UPPER                                                                 | 32        | 1       | 3            | 4<br>A  | 5<br>B  | 6<br>C   | 7<br>D      | 8<br>E          | 9<br>F                                | 10<br>G | 11<br>H              | 12<br>                                | 13<br>J   | 14   | 15     | 16      |       | Upper                     |  |
| LOWER                                                                 |           | 31      | 30           | 29<br>T | 28<br>S | 27<br>R  | 26<br>Q     | 25<br>P         | 24<br>O                               | 23<br>N | 22<br>M              | 21<br>L                               | 20<br>K   | 19   | 18     | 17      |       | Lower                     |  |
| s The Child Under                                                     |           |         |              |         |         |          |             | - i             |                                       |         |                      |                                       |           |      |        |         |       | Upper                     |  |
|                                                                       |           |         |              |         |         |          |             |                 |                                       |         |                      |                                       |           |      |        |         |       | Lower                     |  |
| reatment Complet                                                      | ed        |         |              |         | N.      |          |             |                 |                                       |         |                      |                                       | Yes [     |      |        |         | No □  | ]                         |  |
|                                                                       |           |         |              |         |         |          |             |                 |                                       |         |                      |                                       |           |      |        |         |       |                           |  |
|                                                                       |           |         |              |         |         |          |             |                 |                                       |         |                      |                                       |           |      |        |         |       |                           |  |
|                                                                       | *         |         |              |         |         | esent.   |             |                 |                                       |         |                      | e e e e e e e e e e e e e e e e e e e | 100       |      |        |         |       |                           |  |
|                                                                       |           |         |              |         |         |          |             |                 | Y. y. t                               |         |                      |                                       |           |      |        |         |       |                           |  |
|                                                                       |           |         |              |         |         |          |             |                 |                                       |         |                      | 1,4                                   |           |      |        |         |       | n dan sama<br>Salah Salah |  |
|                                                                       |           |         |              |         |         |          |             |                 | * * * * * * * * * * * * * * * * * * * |         |                      |                                       |           |      |        |         |       |                           |  |
|                                                                       |           |         |              |         | ·       | <u> </u> |             |                 | ٠, ٠                                  |         |                      |                                       |           |      | a ji   |         |       |                           |  |
| Dat                                                                   | e of De   | ental E | kamina       | ition   |         |          |             |                 |                                       | 1.      | 1, <del>-</del> 1, - |                                       |           |      |        |         | 1,    |                           |  |
|                                                                       |           |         |              |         |         |          |             |                 |                                       |         |                      |                                       | ·<br>June |      |        |         |       |                           |  |
| Sign                                                                  | ature o   | 4 D     |              |         |         |          |             |                 |                                       |         |                      |                                       |           |      |        |         | 100   |                           |  |
|                                                                       |           | M Neug  | al/Exar      | miner   |         |          | <del></del> |                 |                                       | -       | *                    | - 1                                   | Print     | Name | of Den | tal Exa | miner |                           |  |

Address