COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF HEALTH

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

NAME OF S	CHOOL									-						_ DA	TE	20
NAME OF CHILD									AGE .		SEX			GRADE		SECTION/ROOM		
Last			First Middle								1	M	F					
DDRESS																		
No. and S	City or Post Office						Borough or Township				County				State Zip			
EPORT O	FEXAMINA	TION										1.2						. 1 . 11
	T00 RIGHT								CHAI	RT		LEFT						
UPPER		1	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
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					E a											4	UPPER
	LOWER																	LOWER
s The Child Under Treatm				eatment								Yes					No 🗆 🗎	
. Oktober die Marke der Frank kan															J			
reatmen	t Complet	ed													Yes	Ц		No 🗆
																	8	
																		U.A.
											*							
	Date of De	ental E	xamir	ation														
	Signature of	of Don	tal Eve	minor						-		-		Deir	t Non	on of F) Lostol I	Examiner
	oignature (or Den	lai EX	ammer										Phi	it ivan	ie of L	entai t	Examiner
		Addres					-											