

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF HEALTH

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

NAME OF SCHOOL Valley Forge Baptist Academy DATE \_\_\_\_\_ 20 **23**

NAME OF CHILD	AGE	SEX <input type="checkbox"/> M <input type="checkbox"/> F	GRADE	SECTION/ROOM
_____ <small style="display: flex; justify-content: space-between; font-size: 8px;"> <span>Last</span> <span>First</span> <span>Middle</span> </small>				

ADDRESS

No. and Street	City or Post Office	Borough or Township	County	State	Zip
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**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																	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

\_\_\_\_\_  
Address