

Commonwealth of Pennsylvania  
Department of Health

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

**Please return this form to school.**

Name of School: Calvary Christian School      Date \_\_\_\_\_, 200\_

Name of Child	_____	Age	Sex	Grade
	<small>Last                  First                  Middle</small>		<small>M    F</small>	

Address \_\_\_\_\_  
Number and Street      City      State      Zip      Borough or Twp.      County

Report of Examination

<u>Tooth Chart</u>																
	<u>Right</u>								<u>Left</u>							
<u>Upper</u>	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
<u>Lower</u>	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17
_____	<u>Upper</u>															
_____	<u>Lower</u>															

Is This Child Under Treatment?      Yes \_\_\_\_\_      No \_\_\_\_\_

Treatment Completed?      Yes \_\_\_\_\_      No \_\_\_\_\_

\_\_\_\_\_  
Date Of Dental Examination

\_\_\_\_\_  
Signature of Dental Examiner

\_\_\_\_\_  
Address

\_\_\_\_\_  
Print Name of Dental Examiner

\_\_\_\_\_  
Phone

**Dental examinations are required upon entrance to Kindergarten or original entry into school and again in Third Grade.**