

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

NAME OF SCHOOL _____ DATE _____ 20__

NAME OF CHILD _____

AGE _____ GRADE _____ SECTION/ROOM _____

SEX M F

NAME: _____

Last _____ First _____ Middle _____

ADDRESS _____

No. and Street _____ City or Post Office _____ Borough or Township _____ County _____ 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																		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

_____ Address

_____ Print Name of Dental Examiner