COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF HEALTH

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

NAME OF SCHOOL	•										DATE2							
NAME OF CHILD											SEX			GRADE		SECTION/ROOM		
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ADDRESS													•			•		
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LOWER	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	Lower	
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NAME OF CHILD Last ADDRESS										AGE	T	SEX			GRADE	SI	SECTION/ROOM		
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Is The Chi	ld Under Tı	reatmo	ent									Ye	sП		. •	N	o 🗖		
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Treatment Completed		d										Yes 🗖			No 🗖				
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