COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF HEALTH

SCHOOL DENTAL HEALTH RECORD

SCHOOL DISTRICT						COUNTY					NTY		DATE OF BIRTH					
NAME OF	NT	NT LAST FIRST					Т		MIDDLE				GRADE			SEX M□ F□		
HOME AD	DRESS											HONE NO.						
THE A	BOVE II	NFOF	RMA	ΓΙΟΝ	SHO	ULD	BEI	FILLE	ED IN	BEF	ORE	THE	EEX	AMIN	ATIC	ON O	R EV	ALUATION
Record on I (Missing), a							d for (extrac	tion),	and f	(filled	d) for (decid	uous t	eeth a	and D	(Dec	ayed), M
		TOOTH CHART RIGHT LEFT																
UPPER		1	2	3	4 A	5 B	6 C	7 D	8 E	9 F	10 G	11 H	12 I	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
First	Upper																	UPPER
Exam	Lower																	LOWER
Second	Upper																	UPPER
Exam	Lower																	LOWER
Third	Upper																	UPPER
Exam	Lower																	LOWER
Fourth	Upper																	UPPER
Exam	Lower																	LOWER
Fifth Exam	Upper																	UPPER
	Lower																	LOWER
							ST	JDEN	NT RI	EFER	RAL							
DATE		EXAMINED OR EVALUATED BY								REFERRED TO						REMARKS		
	_																	

NAME OF STUDENT	

DENTAL FINDINGS - Check Applicable Items

	EXAMINED	Prophylasi x	SPECIAL PROJECT S (Specify)	FLUC	RIDE	Oral Evaluatio n Passed/ Referred	тот	ALS	Tooth Brush Instruction s	Nutrition Counselin g
Grade	OR EVALUATE D BY			Table t	Mout h Rinse		Def DM F	OHI Inde x		
K										
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
Othe r										

REMARKS:

DATE	
DATE	
DATE	
DATE	
DATE	
DATE	