

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH

SCHOOL DENTAL HEALTH RECORD

Complete the following section before the examination/evaluation:

SCHOOL DISTRICT				COUNTY				DATE OF BIRTH			
STUDENT: LAST		FIRST		MIDDLE		GRADE		SEX M ☐ F ☐			
HOME ADDRESS								TELEPHONE NO.			

Record on Dental Chart: Deciduous teeth - **d** (Decayed), **e** (indicated for extraction), and **f** (filled)
Permanent teeth - **D** (Decayed), **M** (Missing), and **F** (Filled)

		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		
		T				S	R	Q	P	O	N	M	L	K					LOWER
First Exam	Upper																	UPPER	
	Lower																	LOWER	
Second Exam	Upper																	UPPER	
	Lower																	LOWER	
Third Exam	Upper																	UPPER	
	Lower																	LOWER	
Fourth Exam	Upper																	UPPER	
	Lower																	LOWER	
Fifth Exam	Upper																	UPPER	
	Lower																	LOWER	

STUDENT REFERRAL

DATE	EXAMINED OR EVALUATED BY	REFERRED TO	REMARKS (if yes, next page)
1ST EXAM			Yes ☐ No ☐
2ND EXAM			Yes ☐ No ☐
3RD EXAM			Yes ☐ No ☐
4TH EXAM			Yes ☐ No ☐
5TH EXAM			Yes ☐ No ☐
OTHER			Yes ☐ No ☐

NAME OF STUDENT _____

DENTAL FINDINGS – Check Applicable Items

[illegible]

REMARKS:

[illegible]