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								
UPPER		1	2	3	4 A	5 B	6 C	7 D	8 E	9 F	10 G	11 H	12 	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 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

	EX/			SPECIAL	FLUC	RIDE	Oral Evaluation	TOT	ALS	тоотн	NUTRITION
GRADE	DATE	OR EVALUATED BY	PROPHYLAXIS	PROJECTS (Specify)	Tablet	Mouth Rinse	Passed/ Referred	Def DMF	OHI Index	BRUSH INSTRUCTIONS	COUNSELING
К											
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
Other											

REMARKS:

DATE		
DATE		
DATE		
DATE		
DATE		
DATE		
DATE		