

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 <input type="checkbox"/> F <input type="checkbox"/>
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	K	L	M	N	O	P	UPPER
		32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	LOWER
		T	S	R	Q	P	O	N	M	L	K	J	I	H	G	F	E	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 <input type="checkbox"/> No <input type="checkbox"/>
2ND EXAM			Yes <input type="checkbox"/> No <input type="checkbox"/>
3RD EXAM			Yes <input type="checkbox"/> No <input type="checkbox"/>
4TH EXAM			Yes <input type="checkbox"/> No <input type="checkbox"/>
5TH EXAM			Yes <input type="checkbox"/> No <input type="checkbox"/>
OTHER			Yes <input type="checkbox"/> No <input type="checkbox"/>

