

Required for all Kindergarten, Third, and Seventh Grade students

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH

Health Form: Dental
Private Dentist Report of
Dental Examination of a Pupil of School Age

NAME OF CHILD	<i>First</i> <i>Middle</i> <i>Last</i>	DATE	<i>Month</i> <i>Day</i> <i>Year</i>
NAME OF SCHOOL	Lancaster Country Day School	AGE	SEX <input type="checkbox"/> M <input type="checkbox"/> F GRADE
ADDRESS	<i>No. and street</i> <i>City or Post Office</i> <i>Borough or Township</i> <i>County</i> <i>State</i> <i>Zip</i>		

REPORT OF EXAMINATION

		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
	Upper																	Upper
	Lower																	Lower

Is The Child Under Treatment ☐ Yes ☐ No

Treatment Completed ☐ Yes ☐ No

Date of Last Examination

Signature of Examiner

Print Name of Examiner

Address

Return to:
Lancaster Country Day School
725 Hamilton Road
Lancaster, PA 17603
Attn: Infirmary - Heidi Caputo, R.N.