COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF HEALTH

SCHOOL DENTAL HEALTH RECORD

Comp	lete t	he f	ol	lowi	ng	sect	ion	bef	fore	the	e exam	inat	ion/	eva	luat	ion:
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			<u> </u>															
SCHOOL DISTRICT				COUNTY							ΓY	DATE OF BIRTH						
STUDENT: LAST			FIRST				MIDDLE					GRADE					SEX F	
HOME ADD	HOME ADDRESS										TELEPHONE NO.							
	Record	d on E	Dental	Char		ciduo mane											d f (fille	ed)
				TOOTH CHART RIGHT LE									FT					
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	1	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	Upper																	UPPER
Exam	Lower																	LOWER
							ST	UDE	NT R	EFER	RRAL						ı	
DATE 1ST EXAM				EXAMINED OR EVALUATED BY								REFERRED TO					REMARKS (if yes, next page)	
2ND EXAM															Yes No No			
3RD EXAM																Ye	Yes No No	
4TH EXAM																Yes No No		
5TH EXAM																Yes No		
OTHER															Yes No Yes No			
				1								1						

DENTAL FINDINGS - Check Applicable Items

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

REMARKS:

DATE		
DATE		
DATE		