

# DENTAL FORM - K, 3, 7

Commonwealth of Pennsylvania - Department of Health

## Private Dentist Report Of Dental Examination of a Pupil of School Age

**Please return this form to Calvary Christian School.**

Name of School: Calvary Christian School

Date \_\_\_\_\_, 20 \_\_

Name of Child \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_  
Grade \_\_\_\_\_

Address \_\_\_\_\_  
Number and Street City State Zip Borough or Twp. County

### Report of Examination

<u>Tooth Chart</u>																	
	<u>Right</u>								<u>Left</u>								
<u>Upper</u>	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	
<u>Lower</u>	32	31	30	29	28	27	26	25		24	23	22	21	20	19	18	17
<u>Upper</u>																	
<u>Lower</u>																	

Is This Child Under Treatment?

Yes \_\_\_\_\_

No \_\_\_\_\_

Treatment Completed?

Yes \_\_\_\_\_

No \_\_\_\_\_

\_\_\_\_\_  
Date Of Dental Examination

\_\_\_\_\_  
Signature of Dental Examiner

\_\_\_\_\_  
Address

\_\_\_\_\_  
Print Name of Dental Examiner

\_\_\_\_\_  
Phone

Dental examinations are required upon entrance to Kindergarten or original entry into school and again in Third Grade and Seventh Grade.