COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF HEALTH

SCHOOL DENTAL HEALTH RECORD

SCHOOL DISTRICT							COUNTY DATE OF BIRTH											
NAME OF	NT LAST FIRST						MIDDLE			GRADE			SEX M F					
HOME ADDRESS			TELEP								HONE NO.							
	NROVE II	NEOI	DKNV.	TION	8HC	71 II D	DE	Cil Li	ED IN	I DEI			EEV	A RAIN	IATIO	N O	D EV	ALHATION
Record on	Dental Ch	NFORMATION SHOULD BE FILLED IN BEFORE THE EXAMINATION OR EVA- nart d (Decayed), e (indicated for extraction), and f (filled) for deciduous teeth and D (Deca																
(Missing), a	and F (Fille	ed) for permanent teeth.												- <u> </u>				
		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 Exam	Upper																	UPPER
	Lower																	LOWER
Fourth	Upper			_														UPPER
Exam	Lower																	LOWER
Fifth Exam	Üpper																	UPPER
	Lower																	LOWER
STUDENT REFERRAL																		
DATE		EXAMINED OR EVALUATED BY							REFERRED TO						REMARKS			
														<u>-</u>				
															_			<u> </u>
															_		4:	

NAME OF STUDENT	

DENTAL FINDINGS – Check Applicable Items

		EXAMINED OR		SPECIAL	FLUC	RIDE	Oral Evaluation	тот	ΓALS	Tooth	Nutrition
Grade			Prophylaxis	PROJECTS (Specify)	Tablet	Mouth Rinse	Passed/ Referred	Def DMF	OHI Index	Brush Instructions	Counseling
K						_					
1											
2											
3											
4											
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6											
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8											
9											
10											
11										·	
12			į								
Other				"							

REMARKS:

	
DATE	
DATE	