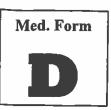
H514.927

## COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF HEALTH



## PRIVATE DENTIST REPORT OF DENTAL EXAMINATION OF A PUPIL OF SCHOOL AGE

	NAME OF SCHOOL														D/	ATE_		20	
NAME OF CHILD											AG	AGE		SEX	ΕX		RADE	SECTION/ROOM	
Last				First			Mi	Middle			,	15	M F						
ADDRESS								-			1		-						
No. and Street City or Post Office							Borough	or Town	ship		Co	unty		Ste	to.	70			
PERODI	REPORT OF EXAMINATIO														Ciate		Zip		
REPUHI	OF EXA	MINA	ATIO	<b>V</b>															
		1	RIGHT LEFT																
UPP	UPPER 1		2 3 4 5			6				10	11	12 13 14			15	16			
LOW	LOWER		31	30	29	28	C 27	D 26	25	F 24	G 23	H 22	21	J 20	19			Upper	
]					т.	S	R	Q	Р	0	N	М	į.	K	19	18	17	Lower	
	UPPER																	Upper	
	LOWER																	Lower	
The Child Under Treatment									Yes 🗌				No 🗆						
																	•		
201220-1	Complete	4																	
oaliii <del>o</del> iil	Complete	a Tu										Yes 🗀				No 🗆			
<del></del>	Date	of Denta	al Evan	pinatio				-											
	5415 (	11 DG1146	ai Exeli		ır														
	Signatu	re of D	ental/E	xamin	ar e			•						1 . 40					
	Signature of Dental/Examiner											Print Name of Dental Examiner							
		Addı	1858		_														