COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF HEALTH

SCHOOL DENTAL HEALTH RECORD

Complete the following section before the examination/screen:

SCHOOL DISTRICT/CHARTER SCHOOL COUNTY DATE OF BIRTH																		
STUDENT: LAST FIRST				MIDDLE					GRA	ADE			SEX F 🗆					
HOME ADDRESS											٦	ΓELEF	PHONE NO.					
	Reco	ord on	Denta	al Char								ated fo				f (fill	ed)	
Permanent teeth - D (Decayed), M (Missing), and F (Filled) TOOTH CHART																		
		1	2	3		RIGHT						LEFT 9 10 11 12 13 14 15 16						
UPPER		1	2	3	4 A	5 B	6 C	7 D	8 E	9 F	10 G	Н	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 or Screen	Lower																	LOWER
Second Exam or	Upper																	UPPER
Screen	Lower																	LOWER
Third Exam or	Upper																	UPPER
Screen	Lower																	LOWER
Fourth Exam or	Upper																	UPPER
Screen	Lower																	LOWER
Fifth Exam or	Upper																	UPPER
Screen	Lower																	LOWER
Untreated Decay: No Yes																		
Treated Decay: No							Yes											
Any Sealants on Permanent Molars: No							Yes											
Treatment Urgency: None								Ea	rly				Urg	ent				
Name of Dental Provider								Signature										
AddressPhone																		

STI	ID	JT.	D		ᄄ	D	D	Λ	ı
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DATE	EXAMINED or SCREENED BY	REFERRED TO	REMARKS (if yes, provide details at bottom of page)
1ST EXAM or SCREEN			Yes □ No □
2ND EXAM or SCREEN			Yes □ No □
3RD EXAM or SCREEN			Yes □ No □
4TH EXAM or SCREEN			Yes □ No □
5TH EXAM or SCREEN			Yes □ No □

DENTAL FINDINGS – Check Applicable Items

					FLUORIDE		SEALANTS			тот	TALS	(0)	
GRADE	DATE	EXAMINED of SCREENED BY	PROPHYLAXIS	SPECIAL PROJECTS (Specify)	VARNISH	NUTRITION COUNSELING	PREMOLARS	1 ST MOLARS	2 ND MOLARS	Def DMF	OHI Index	TOOTH BRUSH INSTRUCTIONS	Oral Evaluation Passed/ Referred
K													
1													
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
Other				Pom									

Remarks

DATE	
DATE	
DATE	
DATE	