

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF HEALTH

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

NAME OF SCHOOL \_\_\_\_\_ DATE \_\_\_\_\_ 20 \_\_\_\_\_

NAME OF CHILD	AGE	SEX	GRADE	SECTION/ROOM
_____		! !		
_____		M F		
_____				

ADDRESS

\_\_\_\_\_

No. and Street                      City or Post Office                      Borough or Township