

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					GRADE		SEX M <input type="checkbox"/> F <input type="checkbox"/>	
HOME ADDRESS												TELEPHONE NO.						

Record on Dental Chart: Deciduous teeth - **d** (Decayed), **e** (indicated for extraction), and **f** (filled)
Permanent teeth - **D** (Decayed), **M** (Missing), and **F** (Filled)

		TOOTH CHART																
		RIGHT								LEFT								
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	
UPPER					A	B	C	D	E	F	G	H	I	J				UPPER
LOWER		32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	LOWER
First Exam or Screen	Upper																	UPPER
	Lower																	LOWER
Second Exam or Screen	Upper																	UPPER
	Lower																	LOWER
Third Exam or Screen	Upper																	UPPER
	Lower																	LOWER
Fourth Exam or Screen	Upper																	UPPER
	Lower																	LOWER
Fifth Exam or Screen	Upper																	UPPER
	Lower																	LOWER

Untreated Decay:	No	Yes	
Treated Decay:	No	Yes	
Any Sealants on Permanent Molars:	No	Yes	
Treatment Urgency:	None	Early	Urgent

Name of Dental Provider _____ Signature _____

Address _____ Phone _____

STUDENT REFERRAL

DATE	EXAMINED or SCREENED BY	REFERRED TO	REMARKS (if yes, provide details at bottom of page)
1ST EXAM or SCREEN			Yes <input type="checkbox"/> No <input type="checkbox"/>
2ND EXAM or SCREEN			Yes <input type="checkbox"/> No <input type="checkbox"/>
3RD EXAM or SCREEN			Yes <input type="checkbox"/> No <input type="checkbox"/>
4TH EXAM or SCREEN			Yes <input type="checkbox"/> No <input type="checkbox"/>
5TH EXAM or SCREEN			Yes <input type="checkbox"/> No <input type="checkbox"/>

DENTAL FINDINGS – Check Applicable Items

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

Remarks

DATE	
DATE	
DATE	
DATE	