

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	
					A	B	C	D	E	F	G	H	I	J				UPPER
		32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	
					T	S	R	Q	P	O	N	M	L	K				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 <sup>ST</sup> MOLARS	2 <sup>ND</sup> MOLARS	Def DMF	OHI Index		
K														
1														
2														
3														
4														
5														
6														
7														
8														
9														
10														
11														
12														
Other														

**Remarks**

DATE	
DATE	
DATE	
DATE	