

H514.027 (02/2023)

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH

SCHOOL DENTAL HEALTH RECORD

Complete the following section before the examination/evaluation:

SCHOOL DISTRICT		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	Upper																	UPPER	
	Lower																	LOWER	
Second Exam	Upper																	UPPER	
	Lower																	LOWER	
Third Exam	Upper																	UPPER	
	Lower																	LOWER	
Fourth Exam	Upper																	UPPER	
	Lower																	LOWER	
Fifth Exam	Upper																	UPPER	
	Lower																	LOWER	

STUDENT REFERRAL

DATE	EXAMINED OR EVALUATED BY	REFERRED TO	REMARKS (if yes, next page)
1ST EXAM			Yes <input type="checkbox"/> No <input type="checkbox"/>
2ND EXAM			Yes <input type="checkbox"/> No <input type="checkbox"/>
3RD EXAM			Yes <input type="checkbox"/> No <input type="checkbox"/>
4TH EXAM			Yes <input type="checkbox"/> No <input type="checkbox"/>
5TH EXAM			Yes <input type="checkbox"/> No <input type="checkbox"/>
OTHER			Yes <input type="checkbox"/> No <input type="checkbox"/>

Pennsylvania School Health Guidelines

NAME OF STUDENT _____

DENTAL FINDINGS – Check Applicable Items

GRADE	DATE	EXAMINED OR EVALUATED BY	PROPHYLAXIS	SPECIAL PROJECTS (Specify)	FLUORIDE		Oral Evaluation Passed/ Referred	TOTALS		TOOTH BRUSH INSTRUCTIONS	NUTRITION COUNSELING
					Varnish			Def DMF	OHI Index		
K											
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
Other											

REMARKS:

DATE	
DATE	
DATE	
DATE	
DATE	
DATE	
DATE	