H514.025 (Rev. 3/99)

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH

SCHOOL DENTAL HEALTH RECORD

SCHOOL DISTRICT	COUNTY	DATE OF BIRTH

NAME OF STUDENT LAST	FIRST	MIDDLE	GRADE	SEX M ☐ F ☐

HOME ADDRESS TELEPHONE NO.

THE ABOVE INFORMATION SHOULD BE FILLED IN BEFORE THE EXAMINATION OR EVALUATION

Record on Dental Chart **d** (decayed), **e** (indicated for extraction), and **f** (filled) for deciduous teeth and **D** (Decayed), **M** (Missing), and **F** (Filled) for permanent teeth

		TOOTH CHART																
		RIGHT								LEFT								
UPPER		1	2	3	4 A	5 B	6 C	7 D	8 E	9 F	10 G	11 H	12 I	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 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

NAME OF STUDENT _____

DENTAL FINDINGS – Check Applicable Items

Grade	Date	EXAMINED OR EVALUATED BY	Prophylasix	SPECIAL PROJECTS (Specify)	FLUORIDE		Oral Evaluation Passed/ Referred	TOTALS		Tooth Brush Instructions	Nutrition Counseling
					Tablet	Mouth Rinse		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	