H514.027 (02/2013)

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 ☐ F ☐
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								
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 (if yes, next page)
1ST EXAM			Yes ☐ No ☐
2ND EXAM			Yes ☐ No ☐
3RD EXAM			Yes ☐ No ☐
4TH EXAM			Yes ☐ No ☐
5TH EXAM			Yes ☐ No ☐
OTHER			Yes ☐ No ☐

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
					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	
DATE	