# PRIVATE DENTIST REPORT OF DENTAL EXAMINATION OF A PUPIL OF SCHOOL AGE

<table>
<thead>
<tr>
<th>NAME OF SCHOOL</th>
<th>DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>19</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NAME OF CHILD</th>
<th>AGE</th>
<th>SEX</th>
<th>GRADE</th>
<th>SECTION/ROOM</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ADDRESS</th>
</tr>
</thead>
<tbody>
<tr>
<td>No. and Street</td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

## REPORT OF EXAMINATION

<table>
<thead>
<tr>
<th>TOOTH CHART</th>
<th>RIGHT</th>
<th>LEFT</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Tooth Chart

- **UPPER**
  - 1
  - 2
  - 3
  - 4
  - 5
  - 6
  - 7
  - 8
  - 9
  - 10
  - 11
  - 12
  - 13
  - 14
  - 15
  - 16

- **LOWER**
  - 17
  - 18
  - 19
  - 20
  - 21
  - 22
  - 23
  - 24
  - 25
  - 26
  - 27
  - 28
  - 29
  - 30
  - 31
  - 32

### Is The Child Under Treatment
- Yes ☐
- No ☐

### Treatment Completed
- Yes ☐
- No ☐

---

Date of Dental Examination

Signature of Dental/Examiner

Print Name of Dental Examiner

Address