



Coventry Christian Schools

699 N. Pleasantview Road

Pottstown, PA 19464

610-326-3320

484-948-1780 (fax)

Private Dentist Report of Dental Examination of a Pupil of School Age

Commonwealth of Pennsylvania

Department of Health

Name of Child			Age	Sex		Grade	Teacher
_____				<input type="checkbox"/> M	<input type="checkbox"/> F		
Last	First	Middle Initial					
_____	_____	_____					
Address							
Street		City			State		Zip
_____		_____			_____		_____
Borough or Township				County			
_____				_____			

Report of Examination

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
Upper																	Upper
Lower																	Lower

Is the child under treatment?

Treatment completed?

Notes:

Date of Dental Examination

Signature of Dental Examiner

Print Name of Dental Examiner

Address

Phone Number