

HARFORD CHRISTIAN SCHOOL
Dental Examination of Pupil of School Age

Date: _____

Child's Name: _____ Age: _____ Sex: _____ Grade: _____

Address: _____

REPORT OF EXAMINATION

Tooth Chart

	Right								Left								
Upper	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				
Lower	32	31	30	29	28	27	28	29	24	23	22	21	20	19	18	17	Lower
				T	S	R	Q	P	O	N	M	L	K				
Upper																	Upper
Lower																	Lower

Is the child under treatment yes no

Treatment completed yes no

Date of Dental Exam

Signature of Dental Examiner