

Northern Tier Community Action Corporation

Head Start Program

P.O. Box 389
Emporium, PA 15834
Fax: (814)486-0519

DENTAL EXAMINATION REPORT

NAME OF CHILD	AGE	SEX	CENTER/HOME BASE
_____ Last First Middle		M F	

ADDRESS

No. and Street City or Post Office Borough or Township County State Zip

REPORT OF EXAMINATION

	TOOTH CHART																
	RIGHT								LEFT								
	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				Upper
LOWER	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	Lower
UPPER																	Upper
LOWER																	Lower

Does The Child Require Treatment? Yes No

Child Received Treatment? Yes No

Treatment Completed? Yes No

Date of Dental Examination

Signature of Dental Examiner

Print Name of Dental Examiner

Address