Northern Tier Community Action Corporation
Pre-K Counts 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								
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

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