



# GETTYSBURG MONTESSORI

CHARTER SCHOOL

*Inspiring a Love of Learning*

## PA MANDATED SCHOOL DENTAL EXAM

Dear Dental Provider,

Thank you for your care of our student-patient.

Student \_\_\_\_\_ D.O.B. \_\_\_\_\_ Gender \_\_\_\_\_

Exam Date \_\_\_\_\_ Grade **K 3 7** New PA entry student, Grade \_\_\_\_\_

Diagnostic exam Yes No Oral care education: Yes No

Restorative Treatment Yes No Scheduled Completed

Prophylaxis care Yes No Cleaning Fluoride Sealant

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

Comments or patient care instructions

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\_\_\_\_\_  
Provider Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Office/Practice

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Fax

**\*\*Please mail or fax to GMCS @ 717-334-2634 Confidential: School Nurse\*\***

r05/2020 Complies with PA Form H514.027