Report of Dental Examination

This form should be submitted directly to: Commonwealth Charter Academy, 1 Innovation Way, Harrisburg, PA 17110
Or send it by fax to 717-307-3320.

Student Information

☐ M ☐ F

Last Name | First Name | Middle Initial | Grade | Date of Birth | Gender

Student's Street Address | Apartment/Unit #

City | State | ZIP Code | Home Phone | Other Phone

Dental Examination Information

This section should be completed by the dental examiner.

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 student currently being treated for any dental condition? ☐ Yes ☐ No

If currently being treated, when will treatment be complete? _____

Name of Examiner (Please print) | Signature of Examiner | Date of Exam

Office's Street Address | Suite/Unit #

City | State | ZIP Code | Office's Phone