



Student Dental Examination Form

Instructions: Print this document and have it completed in English by your dentist, then return to USAX by fax: 717-431-8879 or scan/email: info@usax.us.

Student's Name:

Birth Date:

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	

Is the student under treatment?

Yes

No

Treatment completed?

Yes

No

DATE OF DENTAL EXAMINATION

SIGNATURE OF EXAMINER

PRINT NAME OF DENTAL EXAMINER

ADDRESS



717-431-8181



717-431-8879



info@usax.us



www.usax.us



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