PENNWOOD CYBER CHARTER SCHOOL

Pennwood Cyber Report of Dental Examination

Form Facts

What: This form may be used to obtain dental examination information for a student from his or her health care provider if no other print out or record is available from the student's health care provider.
Who: Families who are enrolling students are requested to submit a report of dental examination completed and signed by health care provider.
Why: A valid report of dental examination is requested for each student in order to comply with state regulations.
Where: Submit enrollment documents to Pennwood Cyber Charter School by: Fax: 800-887-6590
Mail: 509 S. Exeter St, Suite 202, Baltimore, MD 21202

Student Information

Name (Last, First Middle): _____ Gender: ☐ Male ☐ Female

Current Grade: _____ Date of Birth: _____ Phone Number: _____

City: _____ State: _____ Zip Code: _____

Dental Examination Results

This section must be completed by a health care provider.

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? ☐ No ☐ Yes

If yes, when will treatment be complete? _____

Signature of Health Care Provider

By signing below, I certify that the above information is true to the best of my knowledge.

Health Care Provider's Name: _____ Phone: _____

Health Care Provider's Signature: _____ Date: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Parent/Legal Guardian's Signature: _____ Date: _____

