



# SCHOOL HEALTH PROGRAM

## DENTAL APPRAISAL

PATIENT NAME					AGE		DATE			
ADDRESS					PHONE				SEX	
SCHOOL/ REGION								*RACE		
GRADE/ TEACHER					STUDENT SCHOOL ID					

### PERMANENT

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17

### DECIDUOUS

A	B	C	D	E	F	G	H	I	J
T	S	R	Q	P	O	N	M	L	K

*INDICATOR CODE	FINDINGS	COMMENTS
0. No Defects Found		
1. One Surface Decay		
2. Two Surface Decay		
3. Three Surface Decay		
4. More Than Three Surface Decay		
5. Root Tip		
6. Missing Teeth (No Replacement Present)		
7. Gingival Inflammation Free (Total Mouth)		
8. Gingival Inflammation		
9. Plaque and/or Calculus		
10. Abnormal Gingival Attachments		
11. Malocclusion		
12. Sealants		
13. Other		

I have examined the above pupil and treatment

\_\_\_\_\_ is now complete.

\_\_\_\_\_ is incomplete.

Dentist/Clinic Name

Date

Address

Phone

\* INSTRUCTIONS ON REVERSE SIDE

Signature of Dentist