



To assist dental providers in filling out the Private Dentist Report form accurately, follow these step-by-step guidelines:

1. **Download and Open the Form:**

[Private Dentist Report of Dental Examination of a Pupil of School Age](#)

- Ensure you have a compatible program like Microsoft Word or Google Docs to open the .docx file. Download the form from the provided link, then print it out for completion.

2. **Student Demographics:**

- This section can be completed by the parent or guardian of the student.
- **School:** Enter the name of the school where the student is enrolled.
- **Date:** Fill in the date when the form is being completed, using the MM/DD/YYYY format.
- **Name of Student:** Write the student's full name, starting with the last name, followed by the first name and middle initial, if applicable.
- **DOB (Date of Birth):** Enter the student's date of birth in the MM/DD/YYYY format.
- **Grade:** Specify the student's current grade level.
- **Section:** If applicable, include the section or class the student is part of.
- **Address:** Write the complete home address of the student, ensuring it is accurate and current.

3. **Existing Teeth:**

- Circle the number or letter corresponding to each existing tooth on the provided tooth chart. This chart visually represents the student's current dental status.

4. **Surfaces of Decay:**

- The exam row is designated for the presence of decay. In this row below each tooth number or letter, write the codes for the surfaces where decay is present (Buccal (B), Distal (D), Facial or Labial (F), Incisal (I), Lingual (L), Mesial (M), Occlusal (O)). Leave blank if there is no decay.

5. **Untreated Decay:**

- Circle "Yes" if there is decay that has not yet been treated. Circle "No" if all detected decay has been treated or if there is no decay.

6. **Treated Decay:**

- Circle "Yes" if there is decay that has been treated. Circle "No" if there is no treated decay.

7. **Sealants on Permanent Molars:**

- Circle "Yes" if sealants are present on any permanent molars. Circle "No" if there are no sealants.

8. **Treatment Urgency:**

- Assess the urgency of required dental treatment based on the screening findings and circle the appropriate option:
 - **None:** No immediate treatment is necessary.
 - **Early:** Treatment can be scheduled at a routine future date.
 - **Urgent:** Immediate treatment is required due to the presence of pain, infection, or risk of worsening conditions.

9. **Signature of Provider:**

- The dentist or dental provider must sign and date the form, and print their name and address, certifying the accuracy of the screening and the completeness of the report.

10. **Return form to School**

- Return the form to the parent/guardian. Instruct the parent/guardian to return the form to the student's school.