

[Insert dental clinic name]

DENTAL REPORT

Name of Child: _____

Date: ____ / ____ / ____

School: _____

Grade: _____ DOB: _____

Recently your child was seen by Indian Health Service dental professionals in the school. The following describes the findings of the oral screening and the preventive procedures that were used.

RECOMMENDATIONS FOR DENTAL CARE

- No obvious problems – continue routine Dental visits and home care.
Need for improved tooth brushing and flossing
A potential problem which should be examined promptly by your dentist.
Cavities #
Problems with gums or supporting tissues

A problem that requires IMMEDIATE attention by your dentist.

Irregular teeth- orthodontic consultation recommended.

Other _____

PREVENTIVE SERVICES

- Sealant application
Sealants applied on teeth.
Sealants not applied.

Reasons:

- Teeth were already sealed.
Teeth were not present or grown in enough.
Teeth were filled.
Teeth were decayed.
Teeth not at risk of cavities at this time.

It is still VERY IMPORTANT for your child to brush and floss his or her teeth. Please use fluoridated toothpaste and limit snacks between meals to prevent cavities on parts of the teeth that cannot be sealed. At first, sealants may make the teeth feel too high. This feeling lasts until normal chewing wears the sealant into place. If you have any questions, please contact the Dental Clinic at _____.

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PLEASE DETACH ALONG DOTTED LINE

If a problem needing immediate attention has been recommended, please return this slip to the school nurse when a dental appointment is made.

A dental appointment has been scheduled for _____ (Student's name and date of birth)

With Doctor _____ on ____ / ____ / ____ (Date)

Parent signature: _____