

Dear Parent or Guardian:

On _____, your child, _____ participated in an Oral Health Prevention Program.

SCREENING RESULTS:

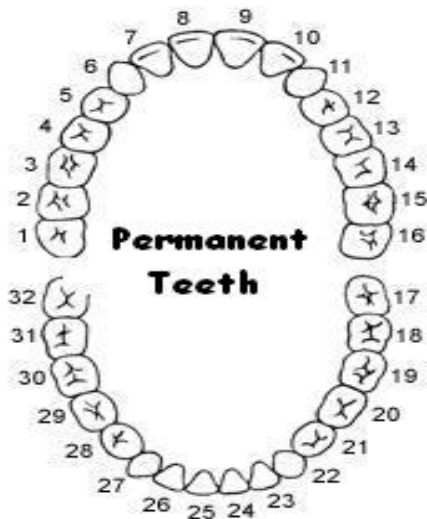
- ___ No obvious decay; x-rays were not taken.
- ___ Areas of possible decay exist. Please have your child checked by a dentist **in the near future.**
- ___ Large areas of possible decay exist. Please have your child checked by a dentist **as soon as possible.**
- ___ **There is an immediate need for dental treatment due to pain and/or infection.**
- ___ Sealants are present and were not needed at this visit

ORAL HYGIENE RESULTS:

- ___ Clean teeth and healthy gums were found. Keep up the good work!
- ___ Food/Plaque was found on teeth. Please encourage better brushing and flossing!

PREVENTIVE SERVICES PROVIDED:

- ___ Dental Screening
- ___ Tooth Brushing Instruction
- ___ Fluoride Varnish (D1206) was applied: \$ _____
- ___ Dental Sealants (D1351) were placed on the teeth noted below \$ _____
- ___ _____ \$ _____



COMMENTS:

TODAY'S PREVENTIVE DENTAL SERVICES WERE PROVIDED BY:

(Dental Provider's Printed Name and Signature)

A copy of this report was given to your child's school nurse. If follow-up dental treatment is needed, a letter will be sent to the dentist that was named on your child's signed consent form. If you did not provide us the name of a dentist, we will help you find one in your area. If you have any questions concerning the preventive dental services provided today or need assistance in locating a dentist, please contact _____ at XXX-XXX-XXXX or (email address).