



**CHICAGO DEPARTMENT OF PUBLIC HEALTH
SCHOOL- BASED ORAL HEALTH PROGRAM
WALK OUT LETTER**



Dear Parent / Guardian:

This letter is to inform you that the Chicago Department of Public Health School – Based Oral Health program has provided a dental exam, cleaning, fluoride treatment, and dental sealants for your child today. Please see the following recommendation:

Your child has urgent dental problems and needs care as soon as possible. Your child may need to have their teeth pulled, have a root canal or get immediate treatment for serious infections. If you do not have a dentist call DentaQuest Services at 1-888-286-2447 or Liberty Dental at 888-352-7924 for a referral as soon as possible.

Cavities/Dental Decay: _____

(List Tooth Letter or Number)

Infected Area/Abscess: _____

(List Tooth Letter or Number)

Swollen Gums/Gingival Inflammation: _____

Bleeding: _____

Orthodontic Referral: _____

Other: _____

Your child has dental problems and needs care. If you do not have a regular dentist call DentaQuest Services at 1-888-286-2447 or Liberty dental at 888-352-7924 for a referral as soon as possible.

Cavities/Dental Decay: _____

(List Tooth Letter or Number)

Swollen Gums/Gingival Inflammation: _____

Orthodontic Referral: _____

Other: _____

Routine dental care is recommended for your child every six months. If you do not have a regular dentist, DentaQuest Services is available for referral service by calling 1-888-286-2447 or Liberty Dental at 888-352-7924.

Orthodontic Referral: _____

Dentist: _____ Phone: _____

If you have any questions or concerns about this exam, please call the dentist above or the health department’s dental administrators at: 312-747-8304



**DEPARTAMENTO DE SALUD PÚBLICA DE CHICAGO
PROGRAMA ESCOLAR DE SALUD BUCAL
CARTA DE NOTIFICACION**



Estimado Padre/Tutor:

Esta letra es para informarle que el Programa Escolar de Salud Bucal del Departamento de Salud Publica de Chicago ha proveer examen dental, limpieza, fluor y sellantes a su niño (a). Por favor sigue las recomendaciones siguientes:

Su niño (a) tiene problemas dentales seriosas y necesita cuida urgentes. Su niño podria necesitar tener una extraccion del diente o tener una endodoncia o necesitar tratamiento inmediato para una infeccion seria. Si usted no tiene un dentista regular llame a DentaQuest Servicios al 1-888-286-2447 o Liberty Dental al 888-352-7924 para referencia tan pronto posible.

Cavities/Dental Decay(Cavidades/Caries Dentales): _____
(List Tooth Letter or Number)

Infected Area/Abscess(Areas infectadas/Abseso): _____
(List Tooth Letter or Number)

Swollen Gums/Gingival Inflammation(Inchazon de encias/Gingivitis): _____

Bleeding(Sangrado): _____

Orthodontic Referral: _____

Other(Otro): _____

Su niño (a) tiene problemas dentales y necesita cuidar. Si usted no tiene un dentista regular llame a DentaQuest Servicios al 1-888-286-2447 o Liberty Dental al 888-352-7924 para referencia tan pronto posible.

Cavities/Dental Decay(Cavidades/Caries Dentales): _____
(List Tooth Letter or Number)

Swollen Gums/Gingival Inflammation(Inchazon de encias/Gingivitis) _____

Orthodontic Referral: _____

Other(Otro): _____

Cuidado dental rutinario es recomendado para su niño (a) cada seis meses. Si usted no tiene un dentista regular, DentaQuest Servicios son disponibles para su referencia llamando al 1-888-286-2447 o Liberty Dental al 888-352-7924

Orthodontic Referral: _____

Dentist/Dentista: _____ Phone/Telefono: _____

Si tiene preguntas cerca esta examen, por favor llame al dentista arriba o llame el Departamento de Salud Publica a la Oficina Dental a: 312-747-8304