

Date: ___/___/_____

Dear Parent or guardian of _____,
(student's name)

A dentist, Dr. _____, saw your child today.

The oral health care you received today
was provided by:



Miles of Smiles, Ltd.

The dentist gave your child:

___ **Dental Exam**

___ **Cleaning**

___ **Fluoride**

(OK to eat immediately;
Wait until tomorrow to brush)

___ **Dental sealants**

(List Teeth)

The case manager for MILES OF SMILES, LTD will be contacting you for follow-up care information. If you don't receive a call from us, please contact us at 309-382-6406.

****If you see a dentist regularly,
please continue with them for your oral health care & x-rays!***

This is what the dentist saw today. The picture shows where decay is. The other box shows more about your child's teeth and gums.

___ **1 - No visual signs of decay**—See your dentist twice a year. Keep brushing and flossing every day. Please remember: This school oral health visit does not take the place of regular dental visits.

___ **2 - Cavity/cavities**—Your child needs check-up for fillings or crowns. Go to dentist **soon**.

___ **3 - Dental disease**—Go to dentist **now!** Your child may have a toothache.

Your child has a cavity or cavities.

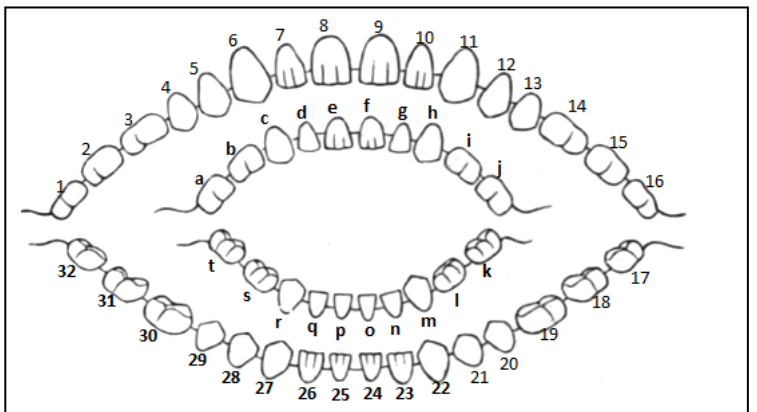
___ No ___ Yes

Oral Hygiene (How **clean** the teeth are):

___ Good ___ Fair ___ Poor

Periodontal Status (Health of **gums**):

___ Good ___ Fair ___ Poor



Thank you for helping your child have healthy teeth and gums! Oral health is an important part of overall health. If you have any questions about your child's visit today, or to get records, please call:

MILES OF SMILES, LTD at (309) – 382 – 6406.

Address 137-C RADIO CITY DRIVE, NORTH PEKIN, IL 61554 License Number _____

Notes:

Sincerely,

(Dentist's signature)