

****DO NOT WRITE BELOW THIS LINE****

ALL KIDS SCHOOL-BASED DENTAL PROGRAM DENTAL RECORD

(BELOW TO BE COMPLETED BY MILES OF SMILES, LTD. DENTIST)

PRIOR TREATMENT

| Restorations: | Sealants: |
|---------------|-----------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

TREATMENT NEEDED

| Restorative: | Sealants: ✓ | Sealants: ✓ |
|--------------|-------------|-------------|
| _____ | S_____ | S_____ |
| _____ | S_____ | S_____ |
| _____ | S_____ | S_____ |
| _____ | S_____ | S_____ |
| _____ | S_____ | S_____ |
| _____ | S_____ | S_____ |
| _____ | S_____ | S_____ |
| _____ | S_____ | S_____ |

(Check off sealants placed today; occlusal is assumed)

| | | | |
|----------------------|------------|------------|------------|
| ORAL HYGIENE STATUS: | _____ Good | _____ Fair | _____ Poor |
| PERIODONTAL STATUS: | _____ Good | _____ Fair | _____ Poor |
| MALOCCLUSION: | I | II | III |

(Circle one) ORAL HEALTH ASSESSMENT RATING & SCORE:



| | | |
|---|--|---|
| 3 | <u>URGENT</u> Treatment: | 5+ carious lesions, gross caries, root tips, caries likely to involve pulpal tx, abscess, soft tissue pathology, pain from disease or foreign object. |
| 2 | <u>RESTORATIVE</u> Care: | 4 or less cavitated, occlusal, or incipient caries. Caries not close proximity to pulpal tissue. |
| 1 | <u>PREVENTIVE</u> Care: (services rendered today) | There is no visual evidence of caries activity or periodontal pathology. |

TREATMENT COMPLETED TODAY (check off):

_____ EXAM

_____ PROPHYLAXIS

_____ FLUORIDE TREATMENT VARNISH / GEL

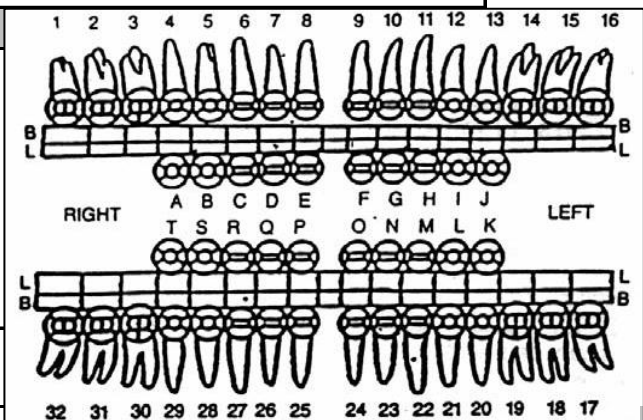
_____ SEALANTS (tooth #s listed above)

Total # sealants placed today: _____

Treatment Date: _____

Dentist's Signature: _____

Hygienist's Initials: _____



Charting: BLUE=existing restorations; RED=treatment needed

NO TX
 MOS yellow
 CCHC green
 OTHER DR: Haarman purple
 Dietz blue
 REFER red

NOTES: