

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

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

# ALL KIDS SCHOOL-BASED DENTAL PROGRAM DENTAL RECORD

(TO BE COMPLETED BY DENTIST)

## PRIOR TREATMENT

Restorations:


Sealants:


## TREATMENT NEEDED

Restorative:


Sealants:

S	S
S	S
S	S
S	S
S	S
S	S

(Check off sealants placed today)

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.

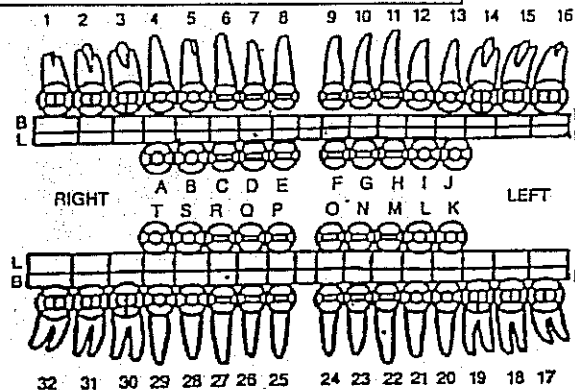
## TREATMENT COMPLETED TODAY (check off):

EXAM  
 PROPHYLAXIS  
 FLUORIDE TREATMENT VARNISH / GEL  
 SEALANTS  
 Number of sealants placed today: \_\_\_\_\_  
 Treatment Date: \_\_\_\_\_

Dentist's Signature: \_\_\_\_\_

Hygienist's Initials: \_\_\_\_\_

NO TX       Y       W



NOTES:

BLUE=existing restorations; RED=treatment needed (Revised 08/14)