

## SCHOOL-BASED ORAL HEALTH PROGRAM WALK-OUT LETTER

Child Name: \_\_\_\_\_ Date: \_\_\_\_\_

☐ Dental Exam / Screening ☐ Dental Cleaning ☐ Fluoride Treatment ☐ Dental Sealant ☐ Silver Diamine

Dear Parent / Guardian:

This letter is to inform you that the Chicago Department of Public Health School-Based Oral Health program has provided (as needed) a dental exam/screening, prophylaxis (cleaning), fluoride treatment, dental sealants and/or Silver Diamine Fluoride (SDF) for your child. Please see the following recommendations:

☐ Your child has **URGENT DENTAL NEEDS** (extractions, root canals, abscess therapy, etc.)

- ☐ **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,**

- ☐ **Cavities/Dental Decay:** \_\_\_\_\_  
(List Tooth Letter or Number)
- ☐ **Swollen Gums/Gingival Inflammation:** \_\_\_\_\_
- ☐ **Orthodontic Referral:** \_\_\_\_\_
- ☐ **Other:** \_\_\_\_\_

☐ **Silver Diamine Fluoride (SDF) Treatment**

Your child received SDF treatment, which helps stop the progression of cavities and prevents further decay. A follow-up with your dentist is recommended to monitor the treated areas.

\_\_\_\_\_  
(List Tooth Letter or Number)

☐ Routine dental care is recommended for your child every six months.

- ☐ **Orthodontic Referral:** \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

**Notes**

**Referral Plan:** A case manager will contact you at the phone number you provided if your child presents with evidence of dental disease to help coordinating care. If you do not receive a call within 10 days, please call the number above.

**IL All KIDS Medical Card Dental Rule:** You can NOW see your private dentist (2) times a year and your school dentist (1) times per year. **The SCHOOL visit will not affect your office visit.**

For help with the Medicaid application or support- please contact the Office of Student Health and Wellness at (773) 553-5437.

