

****PARENTS: DO NOT WRITE BELOW THIS LINE****

ALL KIDS SCHOOL-BASED DENTAL PROGRAM DENTAL RECORD

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

PRIOR TREATMENT

Existing Restorations (tooth # & surfaces):

Existing Sealants (including partial):

TREATMENT NEEDED

Cavitated Lesions (tooth # & surfaces):

List tooth # of sealants needed & check off sealants placed today.

Sealants:	✓	Sealants:	✓

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 / SCREENING
	PROPHYLAXIS
	FLUORIDE TREATMENT VARNISH / NON-VARNISH
	SILVER DIAMINE FLUORIDE tooth #s (4 max per visit): _____
	SEALANTS (tooth #s listed above & checked off)

English:



Spanish:



Total sealants placed today: _____

Exam/Screening Date: _____

(other treatment dates next to those services if applicable.)

Dentist or PHDH Signature: _____

Hygienist Initials: _____

<input type="checkbox"/> NO TX	<input type="checkbox"/> MOS yellow	<input type="checkbox"/> REFER red
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NOTES:

