

The oral health care you received today  
was provided by:



Miles of Smiles, Ltd.

Date: \_\_\_\_\_

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

A dentist, Dr. \_\_\_\_\_, saw your child today.

The dentist gave your child:

\_\_\_\_ **Dental Exam/Screening**  
\_\_\_\_ **Cleaning**  
\_\_\_\_ **Fluoride**

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

\_\_\_\_ **Dental Sealants**  
(List Teeth)

\_\_\_\_ **\*Silver Diamine (SDF)**  
(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!***

**IL ALL KIDS Medical Card Dental Rule:** You can NOW see your private dentist (2) times per year & your school dentist (1) time per year.

**The SCHOOL visit will not affect your office visit (for Medicaid recipients).**

Need help finding a dentist?

Call: 1-888-286-2447 or <https://findahealthcenter.hrsa.gov/?hmpgtile=hmpg-hlth-srvcs>

All Kids online application & forms:

<https://www.illinois.gov/hfs/MedicalPrograms/AllKids/Pages/application.aspx>

All Kids Hotline: 1-866-ALL-KIDS (1-866-255-5437)

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

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

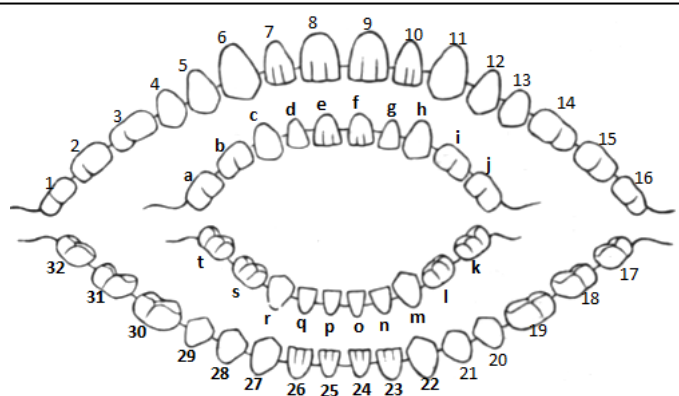
\_\_\_\_ Poor

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: **2424 N 8<sup>TH</sup> ST, PEKIN, IL 61554-1547**

License Number \_\_\_\_\_

Sincerely,

Notes:

\_\_\_\_\_  
(Dentist's signature)