



# Oral Health Report Card

Date of Service \_\_\_\_\_

Child's Name \_\_\_\_\_ DOB \_\_\_\_\_

Today your child was seen by a **Dentist** or **Dental Hygienist**

Today's services included:

\_\_\_\_\_ Oral Assessment/Screening

\_\_\_\_\_ Oral Hygiene Education/Instruction

\_\_\_\_\_ Dental Cleaning (child prophylaxis)

\_\_\_\_\_ Fluoride Treatment

# \_\_\_\_\_ Sealants placed on chewing surfaces of teeth

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**NO DENTAL EXAM** was performed today.

We recommend your child to see their dentist in:

\_\_\_\_\_ 6 months for regular dental check up

\_\_\_\_\_ Within 1 month, we have noted areas of concern

\_\_\_\_\_ This week, we have discovered URGENT needs

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ DDS/DMD/RDH

Your child has or has not ever experienced dental decay

**Please take this form to your child's next dental appointment**



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