

Today's services included:

Oral Health Report Card

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Best Dental Help	

Oral Health Report Card

Date of Service Best Dental Help Date of Service_____ Child's Name _____ Child's Name DOB Today your child was seen by a **Dentist** or **Dental Hygienist** Today your child was seen by a **Dentist** or **Dental Hygienist** Today's services included: Oral Assessment/Screening Oral Assessment/Screening Oral Hygiene Education/Instruction Oral Hygiene Education/Instruction Dental Cleaning (child prophy) Dental Cleaning (child prophy) Fluoride Treatment Fluoride Treatment Sealants placed on chewing surfaces of teeth Sealants placed on chewing surfaces of teeth **NO DENTAL EXAM** was performed today. **NO DENTAL EXAM** was performed today. We recommend your child to see their dentist in: We recommend your child to see their dentist in: 6 months for regular dental check up _____ 6 months for regular dental check up Within 1 month, we have noted areas of concern Within 1 month, we have noted areas of concern This week, we have discovered URGENT needs This week, we have discovered URGENT needs Comments: Comments:

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

Your child has or has not ever experienced dental decay

_____DDS/DMD/RDH

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

Your child has or has not ever experienced dental decay

_____ DDS/DMD/RDH