

Office of the School Nurse

SUBJECT: DENTAL SCREENING REPORT

To the Parents of:

As part of the _____ Preventive Dentistry Program for children, your child has had his/her teeth visually inspected today. This exam is intended to identify dental problems that are visible to the eye, and is not a substitute for a regular dental examination at the Dental Clinic. No x-rays were taken.

YOUR CHILD:

has no visible dental problems, should still have regular check-ups to include dental x-rays.

has some visible dental problems, should be seen at the dental clinic for a thorough examination.

has been noted to have ***severe*** dental problems, which require ***immediate*** attention.

Refer to the clinic list below and obtain appointments for your child at the dental clinic to which the sponsor is assigned. If your child has been noted to have severe dental problems and is currently not under treatment, please call or visit the appropriate clinic as soon as possible to begin treatment ***before*** your child has a dental emergency.

KEEP YOUR SMILE HEALTHY!!!

1. Brush and floss your teeth everyday. Children under 8 years of age should have assistance from an adult at least once a day.
2. Reduce the frequency of sugary snacks and drinks.
3. Use fluoridated water and toothpaste to strengthen your teeth and prevent cavities.
4. Make a date and don't be late! See your dentist every year!