



STATE OF RHODE ISLAND SCHOOL DENTAL SCREENING FORM

School:			
Student Name:	Grade:	Classroom:	

DENTAL SCREENING FINDINGS

<p>Dental Treatment Recommendation</p> <p><input type="checkbox"/> Your child has no obvious dental problems. Please remember that your child should visit the dentist regularly for routine dental check-ups.</p> <p><input type="checkbox"/> Your child may have dental problems that should be evaluated by a dentist. Please schedule an appointment at your earliest convenience for a comprehensive dental examination. Your child's dentist will decide what treatment is needed, if any.</p> <p><input type="checkbox"/> Your child appears to have a need for <u>immediate</u> care. Contact a dentist as soon as possible.</p> <p>See http://health.ri.gov/find/oralhealthservices/ for help finding a dentist</p>	<p>Notes to Parents/Guardians</p> <p><input type="checkbox"/> Possible Tooth Decay (Cavity)</p> <p><input type="checkbox"/> Dental Abscess / Infection</p> <p><input type="checkbox"/> Swollen Gums</p> <p><input type="checkbox"/> Needs Better Brushing / Flossing</p> <p><input type="checkbox"/> Recommend Dental Sealants</p> <p><input type="checkbox"/> Crowding/Alignment Concerns</p>
Additional Comments:	

Screener:	Screening Date:
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In accordance with R.I.G.L §16-21-9 and Section 14.0 of the Rules and Regulations for School Health Programs, jointly promulgated by the Rhode Island Departments of Health and Education.



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