

Ohio School History *Historia de Escuela de Ohio*

School *Escuela*: _____

Dental Assessment *Evaluación Dental*

Enrolled *Matriculada*: _____

Name: _____
Nombre

Gender: _____
Género

Age: _____
Edad

DOB: _____
Fecha de nacimiento

Ethnicity: Caucasian African American Hispanic Asian American Other
Etnicidad *Blanco* *Afro-Americano* *Hispano* *Americano Asiatico* *Otro*

ORAL ASSESSMENT *EVALUACIÓN ORAL*

The following services have been performed:

- Examination by Dentist
- Orthodontic Assessment
- Oral Screening
- Dental Sealants
- Radiographs
- Fluoride Application
- Oral Prophylaxis (cleaning)
- Diagnosis
- Rx for fluoride supplements

The following oral hygiene instruction was provided:

- Brushing teeth
- Diet counseling related to dental health
- Flossing
- Home/school use of fluoride mouth rinse

The following statements are applicable:

- No apparent care needed at this time.
- All necessary preventative services have been performed. (Fluoride treatment, prophylaxis)
- No restorative services are required at this time.
- Further treatment is indicated. (See comments)
- Further appointments have been arranged. (ex. Orthodontic, restorative)

Comments:

Examiner's Signature: _____

Date signed: _____

Examiner's Printed Name: _____

Address: _____

Phone: _____