

## **Ohio School History**

Historia de Escuela de Ohio

## *Dentist Assessment*

*Evaluación de Dentista*

School: \_\_\_\_\_

Escuela

Enrolled: \_\_\_\_\_

Matriculada

### **ORAL ASSESSMENT**

Child's Name: _____ Gender: <input type="checkbox"/> M or <input type="checkbox"/> F Age: _____ DOB: _____
Ethnicity: <input type="checkbox"/> Caucasian <input type="checkbox"/> African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian American <input type="checkbox"/> Other

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: \_\_\_\_\_