SAMPLE

Dental Health Certificate- Optional

Parent/Guardian: New York State law (Chapter 281) permits schools to request a dental examination in the following grades: school entry, K, 2, 4, 7, & 10. Your child may have a dental check-up during this school year to assess his/her fitness to attend school. Please complete Section 1 and take the form to your dentist for an assessment. If your child had a dental check-up before he/she started the school, ask your dentist to fill out Section 2. Return the completed form to the school's medical director or school nurse as soon as possible.

Section 1. To be completed by Parent or Guardian (Please Print)

Child's Name: Last First Middle

Birth Date: / / Month Day Year

Sex: ☐ Male ☐ Female

Will this be your child's first visit to a dentist? ☐ Yes ☐ No

School: Name

Grade

Have you noticed any problem in the mouth that interferes with your child's ability to chew, speak or focus on school activities? ☐ Yes ☐ No

I understand that by signing this form I am consenting for the child named above to receive a basic oral health assessment. I understand this assessment is only a limited means of evaluation to assess the student's dental health, and I would need to secure the services of a dentist in order for my child to receive a complete dental examination with x-rays if necessary to maintain good oral health.

I also understand that receiving this preliminary oral health assessment does not establish any new, ongoing or continuing doctor-patient relationship. Further, I will not hold the dentist or those performing this assessment responsible for the consequences or results should I choose NOT to follow the recommendations listed below.

Parent's Signature_____ Date

Section 2. To be completed by the Dentist

I. The Dental Health condition of _____ on _____ (date of exam) The date of the exam needs to be within 12 months of the start of the school year in which it is requested. Check one:

☐ Yes, The student listed above is in fit condition of dental health to permit his/her attendance at the public schools.

☐ No, The student listed above is not in fit condition of dental health to permit his/her attendance at the public schools.

NOTE: Not in fit condition of dental health means that a condition exists that interferes with a student's ability to chew, speak or focus on school activities including pain, swelling or infection related to clinical evidence of open cavities. The designation of not in fit condition of dental health to permit attendance at the public school does not preclude the student from attending school.

Dentist's name and address (please print or stamp) Dentist's Signature

Optional Sections - If you agree to release this information to your child's school, please initial here. ☐

II. Oral Health Status (check all that apply).

☐ Yes ☐ No **Caries Experience/Restoration History** – Has the child ever had a cavity (treated or untreated)? [A filling (temporary/permanent) OR a tooth that is missing because it was extracted as a result of caries OR an open cavity].

☐ Yes ☐ No **Untreated Caries** – Does this child have an open cavity? [At least ½ mm of tooth structure loss at the enamel surface. Brown to dark-brown coloration of the walls of the lesion. These criteria apply to pits and fissure cavitated lesions as well as those on smooth tooth surfaces. If retained root, assume that the whole tooth was destroyed by caries. Broken or chipped teeth, plus teeth with temporary fillings, are considered sound unless a cavitated lesion is also present].

☐ Yes ☐ No **Dental Sealants Present**

Other problems (Specify):_____

III. Treatment Needs (check all that apply)

☐ No obvious problem. Routine dental care is recommended. Visit your dentist regularly.

☐ May need dental care. Please schedule an appointment with your dentist as soon as possible for an evaluation.

☐ Immediate dental care is required. Please schedule an appointment immediately with your dentist to avoid problems.

Orange County Dental Providers For Children

TOWN	NAME	ADDRESS	PHONE/AGES	INSURANCES
MIDDLETOWN				
	Middletown Community Health Center	27 North Street Middletown, NY 10940	845-342-3900 accepts young children	Medicaid, Affinity, WellCare, GHI, Hudson Health, Aetna
	211 Dental Care Wurtsboro Dental	119 Wickman Avenue Middletown, NY 10940 187 Kingston Av Wurtsboro, NY 12790	845-343-9919 children 5 years + > 845-888-8001 will see children as young as 1 year old	Medicaid and others Same as above
	Orange County Dental Clinic (dental hygiene only)	OCCC/BioTech Bldg Middletown, NY 10940	845-341-4315 Children 4 years + >	No insurance/low cost cleaning & x-rays Child $7/cleaning and x-rays Adults $14/cleaning and x-rays Seniors $7/cleaning and x-rays
	Galleria Mall Dental (2nd floor next to Macy's)	Galleria Mall Middletown, NY 10940	845-692-9212 children 2 years + >	Medicaid, CHP, Affinity, and private insurances
GOSHEN				
	Inspire Dental Hudson Rive Health Care "Alamo"	2 Fletcher St. Goshen, New York 888 Pulaski Highway Goshen, NY 10924	845-294-8806 X 274 children 18 mo. > 845-651-2298 children	Medicaid, CHP, Affinity, Private, sliding fee scale Medicaid, CHPlus
MONROE				
	Dr. Tzur	Rt 208 Stonegate Plaza Monroe, NY 10950	845-782-5040 children 3 yr +>	Medicaid, Affinity, Fidelis, Guardian HMO
NEWBURGH				
	Greater Hudson Valley Family Health Center Dental Clinic	100 Broadway Newburgh, NY 12550	845-569-8412 children 2 yrs + >	All assignable insurances, all Child & Family Health Plus Insurances
	Dr. Frederick Mourad	165 Liberty Street Newburgh, NY 12550	845-561-3290 children < 3 OK	Medicaid, WellCare
	Newburgh Dental	53 Route 17K Newburgh, NY	845-565-2140 children 3 yrs + >	Medicaid, Affinity, Health Plus Plans, Delta, Northwest, MVP, Hudson Health, WellCare, CHPlus,
PORT JERVIS				
	Middletown Community Health Center Dental Clinic McAuley Primary Care Center	140 Hammond Street Port Jervis, NY 12771	845-856-8450 children of all ages	Medicaid, Affinity, WellCare, Fidelis, Aetna, ADAP, GHI, Hudson Health Plans, Health Plex
	Dr. DeSilva	Pike Street Port Jervis, NY 12771	845-856-4002 (in office 3 days/week)	Medicaid, Affinity, WellCare

WALDEN				
	Hudson River Health Care	75 Orange Avenue Walden, NY 12586	845-778-2700 X 3 ask for "Otto" children 3 yrs + >	CHPlus, FHPlus Medicaid most insurances + sliding scale

Please contact Mary Wickes if there is any changes or updated information to add to this list.
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