

PLEASE FILL OUT STUDENT NAME FIELDS IN THE EVENT THAT THE PAGES OF THIS FORM BECOME DETACHED.

STUDENT LAST NAME:	STUDENT FIRST NAME:
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SECTION II CONTINUED - ITEMS 1-3 TO BE COMPLETED BY THE DENTIST/DENTAL HYGIENIST:

Optional Information - Parent/Guardian, if you agree to release this information to your child's school, please initial in the box to the right.

INITIAL HERE

2. Oral Health Status:

- 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 1/2 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):

Optional Information - Parent/Guardian, if you agree to release this information to your child's school, please initial in the box to the right.

INITIAL HERE

3. Treatment Needs:

- 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.