Dental Exam

Child's Name: _____ **DOB:** _____

Campus: _____ **Phone:** _____

DENTAL EXAM

Date of Most Recent Dental Exam: _____

Use past date if this is documentation of an exam in the past 12 months OR todays date if it is the date of the exam.

RESULTS OF DENTAL EXAM

Preventive Care Received: ☐ Cleaning ☐ Fluoride Application ☐ Sealants ☐ X-rays

Oral Health Status: ☐ No Dental Decay ☐ Dental Decay Present

☐ Other / Comments _____

FUTURE FOLLOW-UP SERVICES FOR TREATMENT FOUND AT DENTAL EXAM

Care Needed: ☐ Routine Preventative Care Only **Next Appointment Date** _____

OR

☐ Restoration(s) ☐ Extraction(s) **Next Appointment Date** _____

If treatment is provided during the dental exam, *document treatment on back of this page*.
If additional dental treatment is required after the dental exam, check all boxes that apply:

☐ **Low Needs** (Few visible small one surface leisons – no pulpal involvement, pain or infection.)
☐ **No treatment at this time. Will assess at next dental appointment.**

☐ **Medium Needs** (Several visible caries – no pulpal involvement, pain or infection. Possible multiple surface restorations.)
☐ **No treatment at this time. Will assess at next dental appointment.**

☐ **High Needs** (Many large caries, lesions obvious. Pulpal involvement likely, possible extraction, no infection, one or more teeth symptomatic.)
☐ **No treatment at this time. Will assess at next dental appointment.** ☐ **Requires immediate attention.**

☐ **Emergency Needs** (Active infection, obvious or possible dental or periodontal abscess. Large lesions, pulpal involvement, pain and/or trauma.)
☐ **Requires immediate attention.**

Referral(s) Needed:
☐ None ☐ Pediatric Dentist ☐ Needs Treatment Under General Anesthesia

Referred to: _____ **Appointment Date** _____

Provider Signature: _____ **Date:** _____

Provide Printed Name: _____ **Phone #:** _____ **FAX #:** _____

Provider Address: _____
Physical Address **City** **State** **Zip Code**

Date Received _____ Staff Initials _____ Date Reviewed_____ Staff Initials _____