

# MDHHS-6067, KINDERGARTEN ORAL HEALTH ASSESSMENT

Michigan Department of Health and Human Services (MDHHS)

(New 8-23)

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## SECTION 1 – STUDENT INFORMATION

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Child's Name (Last, First, Middle)

Date of Birth

Address (Number, Street, City, Zip Code)

Home/Cell Phone Number

Parent/Guardian Name (Last, First, Middle)

Parent/Guardian Email

School Name

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## SECTION 2 – DENTAL EXAM OR ASSESSMENT RECOMMENDATIONS

(Licensed dental professional must complete this section)

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Date of Service

Type of Service

Dental Exam

Dental Assessment

Findings (Check all that apply)

No findings

Treated decay

Untreated decay

Recommendations (Check **one**)

Routine care

Referral for dental treatment

Referral for urgent dental care

Provider Type (Check **one**)

Dentist

Dental Therapist

Dental Hygienist

Provider Signature

Agency/Local Health Department

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Provider Name (Print)

Phone Number

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Additional Comments

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