

School Sealant Program

Race: W B A H AI N O

Child ID: _____ Event/Site Name: _____

Grade: _____ Age: _____ Gender: M F Special Health Care Needs: No Yes

DOB: _____ Medicaid Status: KanCare No Insurance Unknown Private Insurance

Untreated Decay: No Yes

Caries Experience: No Yes

Sealants Present: No Yes

Treatment Urgency: No obvious problem Early Dental Care Urgent Care

Referred for Treatment: No Yes

Decayed or Filled Teeth: 1st molars _____ 2nd molars _____

Provider: _____ Date: _____

Treatment Provided: Prophy Fluoride Sealants

Teeth Sealed: 3 14 19 30 - 2 15 18 31 - Other _____

Number of Teeth Sealed: 1st molars _____ 2nd molars _____ Other _____

Comments: _____

Retention Check

Provider: _____ Date: _____

Retained Sealants - 3 14 19 30 - 2 15 18 31 - Other _____

Replaced Sealants - 3 14 19 30 - 2 15 18 31 - Other _____

Number of Teeth Retaining a Sealant: _____

If referred for tx at previous visit, has any tx been completed: No Yes Unknown

Comments: _____