

Screening Results

Child's Name _____

Dear Parent or Guardian,

Your child has received a dental screening at school today. The results of the screening indicate that:

(Check all that apply)

_____ Your child has no obvious dental problems.

_____ Your child should be evaluated for preventive care (cleaning) or sealants at their next routine visit.

_____ Your child appears to have some dental problems which should be evaluated by a dentist. Please make an appointment at your earliest convenience so that your child can receive a complete examination. Your dentist will determine, what, if any, treatment is needed.

_____ Your child appears to have an **URGENT** dental need. Please contact a dentist as soon as possible for a complete examination.

A screening is not a comprehensive clinical examination. No x-rays were taken and the screening does not replace an in-office dental examination by your family dentist. All children need to have regular routine care by a dental professional.

Additional Comments: _____

Parent: Please take this referral to the dentist if it is recommended above. Return to the school nurse with dentist's signature when work is completed.

Child's name

D.D.S. Signature

Date

