Oral Screening Form

District # School

Date Classroom/Grade

	Existing:						**Treatment Needs:**				
	Untreated Decay		Treated Decay		Sealants Present		Code 1	Code 2	Code 3	Code 4	
Child's Name	yes = 1	no = 2	yes = 1	no = 2	yes = 1	no = 2	No decay/ problems	Sealants/ PX needed	DDS exam suggested	URGENT care needs	Comments
Total:											