

Trinity County Office of Education

Dental Screening Report

Date: _____

Child's Grade: _____

Dear Parent/Guardian:

_____ was given a visual dental screening by a RDA Registered Hygienist today. This is only a visual examination and cannot take place of a regular dental exam and x-rays.

Summary of Results

- Needs emergency dental treatment due to large cavities
- Needs dental treatment due to possible small cavities
- Has gum irritation
- Needs encouragement at home to improve brushing and/or flossing habits
- Appears to have possible orthodontic problem
- Could have a problem with lack of space for permanent teeth

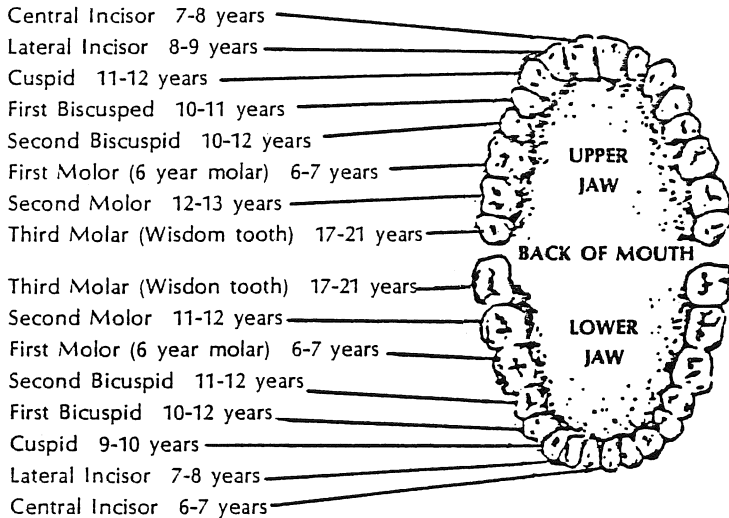
Sealants present N/A Yes No If yes, how many? _____ Primary _____ Permanent _____

Oral Hygiene

- Poor, must improve Some improvement needed Excellent, Keep up the good work

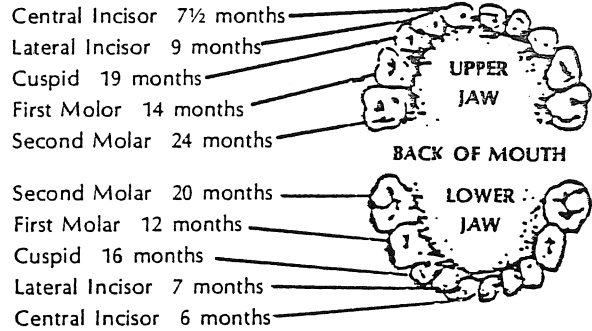
A FULL SET OF PERMANENT TEETH

With approximate ages of which eruptions occur:



A FULL SET OF PRIMARY TEETH

With approximate age of which eruption occurs



If your child is in need of dental care, an appointment should be arranged with your dentist. If you need assistance finding a provider, call the School Nurse (530) 623-2861. Your child may be eligible for the Healthy Families Insurance program.

Trinity County School Nurse