



Dental Screening

To the parents or guardians of

STUDENT'S NAME

SCHOOL

TEACHER'S NAME

GRADE

SCHOOL

GRADE

Your child has received a dental screening as part of the California Dental Association's Oral Health Fair. This is a "basic" screening performed with a tongue depressor and does not take the place of a regular examination and x-rays.

As of this date, this screening indicates the following for your child:

____ (3) **URGENT CARE NEEDED**

Your child has some dental problems which appear to need immediate care. Contact a dentist as soon as possible for a complete examination.

____ (2) **DENTAL CARE NEEDED**

Your child appears to have some dental problems which should be evaluated by a dentist. Please make an appointment so that your child can receive a complete examination.

____ (1) **TEETH AND GUMS APPEAR HEALTHY**

However, this was only a screening. Your child should have regular check-ups every 6-12 months by a dentist.

It is recommended that your child improve dental cleaning/brushing/flossing at home.

It is recommended that you talk to your dentist in the near future about advice on preventive dental sealants.

It is recommended that you talk to your dentist in the near future about advice on orthodontics.

Overjet>8mm Crowding>10mm Crossbite Other: _____

Dentist Comments: _____

If you do not have a regular dentist and need help in selecting one, please call:

List local number:

If you need the name of a dentist who accepts Medi-Cal, please call: Medi-Cal at (800) 322-6384

If you need the name of your Medical Geographic Managed Care Dental Plan, please call: GMCDP at (800) 430-4263

If you need low cost dental cleaning, x-rays and sealants, please call for an appointment:

List local number

If you do not have Medi-Cal/Denti-Cal or dental insurance, your child may be eligible for services from the following:

List local Dental Society:

List local number:

California Children's Services (orthodontic only) List local number:

(orthodontics only)

List local number: