

## CERTIFICATE OF DENTAL SCREENING

This certificate is not valid unless all fields are complete.  
**RETURN COMPLETED FORM TO CHILD'S SCHOOL.**

### Student Information (please print)

Student Last Name:	Student First Name:	Birth Date (M/D/YY):
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### Screening Information (health care provider must complete this section)

**Date of Dental Screening:** \_\_\_\_\_

**Treatment Needs** (check **ONE** only based on screening results, prior to treatment services provided):

- ☐ **No Obvious Problems** – the child's hard and soft tissues appear to be visually health and there is no apparent reason for the child to be seen before the next routine dental checkup.
- ☐ **Requires Dental Care** – tooth decay<sup>1</sup> or a white spot lesion<sup>2</sup> is suspected in one or more teeth, or gum infection<sup>3</sup> is suspected.
- ☐ **Requires Urgent Dental Care** – obvious tooth decay<sup>1</sup> is present in one or more teeth, there is evidence of injury or severe infection, or the child is experiencing pain.

<sup>1</sup> Tooth Decay: A visible cavity or hole in a tooth with brown or black coloration, or a retained root.  
<sup>2</sup> White spot lesion: A demineralized area of a tooth, usually appearing as a chalky, white spot or white line near the gumline. A white spot lesion is considered an early indicator of tooth decay, especially in primary (baby) teeth.  
<sup>3</sup> Gum infection: Gum (gingival) tissue is red, bleeding, or swollen.

**Screening Provider** (check **ONE** only): (Ninth grade screening must be provided by DDS/DMD or RDH.)

☐ DDS/DMD   ☐ RDH   ☐ MD/DO   ☐ PA   ☐ RN/ARNP

**Provider Name:** (please print) \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Provider Business Address:** \_\_\_\_\_

**Signature and Credentials of**  
**Provider or Recorder\*:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\*Recorder: An authorized provider (DDS/DMD, RDH MD/DO, PA, or RN/ARNP) may transfer information on this form from another health department. The other health document should be attached to this form.

A screening does not replace an exam by a dentist.  
Children should have a complete examination by a dentist at least once a year.  
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