Mississippi Seals
School-Based Dental Sealant Program
Oral Health Evaluation Results

Your child participated in an oral health screening performed by a local dentist in your community. An oral health screening identifies problems that are obvious to the naked eye and does not include a detailed examination or diagnosis. However, an oral health screening is helpful to call attention to obvious problems which you may not be aware of and to identify early risk factors for dental disease. An application of preventive fluoride varnish is provided at least 2 times per year. Fluoride varnish is a protective coating painted on the teeth to prevent tooth cavities.

Child’s Name: ____________________________

Screening Date: ___ __________

Results of Dental Health Evaluation

___ No obvious problems were observed – a dental check-up is recommended at least once a year.

___ Dental problems were observed – please schedule your child now to see a dentist for care.

___ Urgent problems were observed – emergency care is needed immediately to avoid other symptoms or illness.

Procedure:

___ Your child received a dental screening.

___ Your child received a fluoride varnish application.

___ Your child received dental sealants on permanent molar teeth.

___ Cleaning (Prophylaxis)

___ Other: ______________________________________________________

___ Your child’s dental sealants were re-checked today.

___ Dental referral was made to:

Name of Dentist: ________________________________

Office Address: ________________________________

Phone Number: ________________________________

Instructions for Form 530
MS Seals Oral Health Evaluation Results Form
Revision 1/03/2020

PURPOSE

MS Seals Oral Health Evaluation Results form will be used by the partnering dental providers to document services rendered and evaluation outcomes for students who participated in school-based sealant programs.

INSTRUCTIONS

The Dental provider will use this form after providing a dental evaluation, application of dental sealants and fluoride varnish to each child receiving care. A copy of this form will be given to each screened participant’s parent or guardian after treatment has been rendered. This form comes in a triplicate format the White carbon copy goes to the treated child’s parent or guardian, the pink copy goes to the treating dental provider and the yellow copy will be given the Regional Oral Health Consultant to submit to the Office of Oral Health’s School Based Sealant coordinator for data entry and filing.

OFFICE MECHANICS AND FILING

This form will be filed by the School Based Sealant Coordinator in the Office of Oral Health after data has been entered and reporting has been completed.

RETENTION

Seven (7) years within the Office of Oral Health and disposed of after the retention years according to MSDH policy.