



**Child Information:**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ (mm/dd/yyyy) Sex: \_\_\_\_\_ (M/F)

County: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Grade: \_\_\_\_\_

**Race:**

- American Indian/Alaska Native
- Asian
- Black/African American
- Native Hawaiian/Other Pacific Islander
- White
- Multi-Racial
- Other

**Ethnicity:**

- Hispanic
- Non-Hispanic

**Make a Child's Smile - Oral Health Screening Outcome**

Your child participated in a dental screening performed by staff with the Mississippi State Department of Health. This screening identifies problems that are obvious to the naked eye, but it **does not include** a detailed examination or diagnosis. The screening helps to identify any obvious problems which you may not be aware of, and to point out any early risk factors for dental disease. Fluoride varnish, a concentrated form of fluoride, was painted on your child's teeth today to prevent tooth cavities. This should be done every six months for school-age children.

MSDH Screening: \_\_\_\_\_

Date: \_\_\_\_\_

Hygienist: \_\_\_\_\_

**Fluoride Varnish Instruction:**

\_\_\_\_\_ Fluoride varnish was applied today. To prolong the time the varnish contacts the teeth. Please give your child a soft diet tonight and avoid toothbrushing until tomorrow morning.

\_\_\_\_\_ Fluoride varnish was not applied today because your child was not eligible or may have been uncooperative.

**Results of Dental Screening:**

\_\_\_\_\_ No obvious problems were observed - a dental examination is recommended at least once a year.

\_\_\_\_\_ Dental problems were observed - please schedule your child to see a dentist for care soon.

\_\_\_\_\_ Urgent dental problems were observed - emergency treatment is needed immediately to avoid other symptoms or illness.

The following dentist was identified by your day care center for treatment:

Name of Dentist: \_\_\_\_\_

Office Phone Number: \_\_\_\_\_

**Additional Instruction:**

\_\_\_\_\_ Your child is brushing well: continue current routine.

\_\_\_\_\_ Your child needs your assistance with brushing and flossing.  
dentist can apply.

\_\_\_\_\_ Your child has permanent first molar teeth that may be eligible for preventive dental sealants that your

For more information about this program, contact your day care center director or call the Mississippi State Department of Health-Office of Oral Health at 601-206-1590 or visit the web at

<http://www.HealthvMS.com/dental>.