

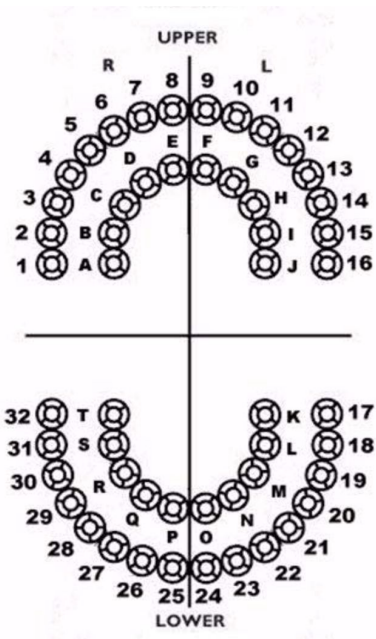
Name _____ Age _____ Gender _____

The following services were provided for your child today:

- Dental screening (no x-rays provided)
- Fluoride treatment

Your child:

- Is healthy (should have a cleaning every 6 months)
- Has caries (a cavity) (see shaded area below)
- Has dental pain



Your child needs:

- A Filling(s) (see shaded area above)
- Extractions (unhealthy teeth removed) (see X's above)

Your child should see a dentist for:

- Urgent care
- Routine care
- Maintenance

This dental screening does not replace routine dental care. Complete detection of cavities/ dental decay is only possible with x-rays. Every child should receive a check-up at the dental office, which should include a cleaning and x-rays every 6 months for good dental health.

Screener Name: _____

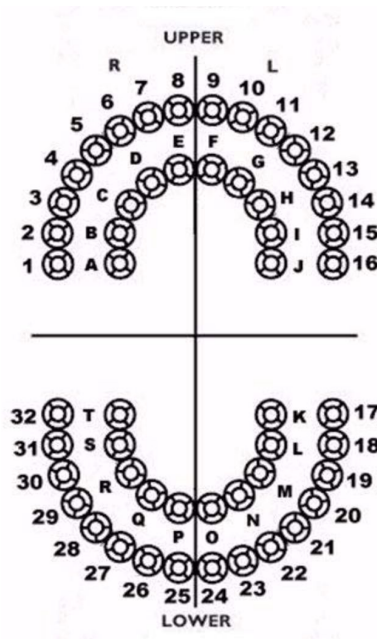
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