



All-Star Smiles Data Collection Form Education, Screening, Preventive & Restorative Treatment

It is critical that after the event, you please complete and email this form to Ericka@allstarsmiles.org so we can track our impact. Thank you!

Event Information

Event Name: _____ City: _____

State: _____ Event Contact Person: _____

Email Address: _____

Children Information

Number of children: Infant/Toddler (ages under 3) _____

Preschool through first grade (ages 3-6) _____ Grades 2nd and 3rd (ages 7-9) _____

Grades 4th through 6th (ages 10-12) _____ Grades 7th and 8th (ages 12-14) _____

Grades 9th through 12th (ages 15-18) _____

Gender of children: Female _____ Male _____ Gender Unknown _____

Race/Ethnicity of children: White _____ Black _____ American Indian _____ Asian _____

Islander _____ Hispanic Latino _____ Other _____ Unknown _____

Total number of children: _____

Services Rendered

Please indicate the total number of children who received each service. If no children received a service, enter 0.

Oral hygiene instructions _____ Oral evaluation _____ Fluoride treatment _____

Sealant (per tooth) _____ Interim caries arresting medicament application-per tooth _____

Prophylaxis – child _____ Bitewings – two radiographic images _____

Intraoral – periapical first radiographic image _____ Panoramic radiographic image _____

Therapeutic pulpotomy (excluding final restoration) _____

Amalgam – one surface, primary or permanent _____

Amalgam – two surfaces, primary or permanent _____

Amalgam – three surfaces, primary or permanent _____

Amalgam – four or more surfaces, primary or permanent _____

Resin-based composite – one surface, anterior _____
Resin-based composite – two surfaces, anterior _____
Resin-based composite – three surfaces, anterior _____
Resin-based composite – four or more surfaces or involving angle (anterior) _____
Resin-based composite crown, anterior _____
Resin-based composite—one surface, posterior _____
Resin-based composite—two surfaces, posterior _____
Resin-based composite—three surfaces, posterior _____
Resin-based composite—four or more surfaces, posterior _____
Prefabricated stainless-steel crown-primary tooth _____
Prefabricated stainless-steel crown-permanent tooth _____
Extraction, coronal remnants-primary tooth _____
Extraction, erupted tooth or exposed root _____

Referred to other providers for care: _____

Number of Volunteers

Dentist: _____ Dental Hygienists: _____ Dental Assistant: _____ Dental Student: _____
Dental Hygiene Student: _____ School Nurse: _____ Other: _____