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## KIDS' SMILES

Oral Health Screening, Fluoride Varnish Application, Education and Referral Program

Personal Record (as part of health record)

Child's Name:	Birthdate:
Parent's Name:	Age:
Address:	
I understand that my child will be screened by	(Health Department Nurse),
fluoride varnish will be applied to my child's teeth, educational	
dentist if necessary. I understand that for the most benefit, this p	program should be repeated every six
months throughout their childhood. I understand that my child's	teeth may retain the feel of the varnish
for two or three days but will return to the original condition. If	· · · · · · · · · · · · · · · · · · ·
understand that there will be no charge to me or my family for the	•
Medicaid, there may (or may not) be a nominal fee for this servi-	•
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CLCAVED	<b>D</b>
SIGNED: Parent/Guardian	Date:
Parent/Guardian	
E'	
First Visit: Significant Med Hx? Y N Describe:	
Any Dental Hx? Y N Describe:  Seventing: Decay in help tooth? Y N No. of teeth decayed?	White spots? V N
<b>Screening</b> : Decay in baby teeth? Y N No. of teeth decayed? Total No. teeth present? Other oral findings? Y N	white spots? I N
Describe:	
Fluoride varnish applied? Y N If not why not?	<del></del>
Education: Materials given to parent? Y N Parent counseled	? Y N
Referral to local dentist? Y N Name of dentist:	
SIGNATURE/Degree of Provider:	Date:
Second Visit: Missed appointment Y N Comments:	
Change in Med Hx? Y N Describe:	
Change in Dental Hx? Y N Describe:	<del> </del>
Screening: Decay in baby teeth? Y N No. of teeth decayed?	White spots? Y N
Total No. teeth present? Other oral findings? Y N	
Describe:	
Fluoride varnish applied? Y N If not why not?	
Education: Materials given to parent? Y N Parent counseled'	
Referral to local dentist? Y N Name of dentist:	
SIGNATURE/Degree of Provider:	Date:

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## KIDS' SMILES (continuation)

Oral Health Screening, Fluoride Varnish Application, Education and Referral Program

Personal Record (as part of health record)

V ISIT I VUIIIDEI	: Change in Med Hx? Y N Describe:	
	Change in Dental Hx? Y N Describe:	
Screening: Decay	in baby teeth? Y N No. of teeth decayed?	White spots? Y N
Total No.	teeth present? Other oral findings? Y N	
Describe:		
	applied? Y N If not why not?	
	rials given to parent? Y N Parent counseled? Y	
	dentist? Y N Name of dentist:	
SIGNATURE/De	egree of Provider:	Date:
E7* */ TAT 1		
Visit Number	: Change in Med Hx? Y N Describe:	
Causanina, Daare	Change in Dental Hx? Y N Describe:	White an ata 2 W N
	y in baby teeth? Y N No. of teeth decayed?	white spots? Y N
Describe:	teeth present? Other oral findings? Y N	
-	applied? Y N If not why not?	
	rials given to parent? Y N Parent counseled? Y	N
	dentist? Y N Name of dentist:	11
	egree of Provider:	Date:
SIGNAL CILLID	igite of Frovider.	Batt
Visit Number	: Change in Med Hx? Y N Describe:	
	Change in Dental Hx? Y N Describe:	
Screening: Decay	y in baby teeth? Y N No. of teeth decayed?	
	In baby teem? I in No. of teem decayed?	White spots? Y N
Total No.		White spots? Y N
Total No. Describe:	teeth present? Other oral findings? Y N	White spots? Y N
Describe:	teeth present? Other oral findings? Y N	White spots? Y N
Describe: Fluoride varnish	teeth present? Other oral findings? Y N applied? Y N If not why not?	
Describe: Fluoride varnish Education: Mater	teeth present? Other oral findings? Y N	
Describe: Fluoride varnish Education: Mater Referral to local	teeth present? Other oral findings? Y N applied? Y N If not why not? rials given to parent? Y N Parent counseled? Y	
Describe: Fluoride varnish Education: Mater Referral to local	teeth present? Other oral findings? Y N applied? Y N If not why not? rials given to parent? Y N Parent counseled? Y dentist? Y N Name of dentist:	N
Describe: Fluoride varnish Education: Mater Referral to local	teeth present? Other oral findings? Y N applied? Y N If not why not? rials given to parent? Y N Parent counseled? Y dentist? Y N Name of dentist:	N
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Describe: Fluoride varnish Education: Mater Referral to local of SIGNATURE/De	teeth present? Other oral findings? Y N applied? Y N If not why not?	N Date:
Describe: Fluoride varnish Education: Mater Referral to local of SIGNATURE/De Visit Number Screening: Decay	teeth present? Other oral findings? Y N applied? Y N If not why not? rials given to parent? Y N Parent counseled? Y dentist? Y N Name of dentist: egree of Provider: : Change in Med Hx? Y N Describe: Change in Dental Hx? Y N Describe: y in baby teeth? Y N No. of teeth decayed?	N Date:
Describe: Fluoride varnish Education: Mater Referral to local of SIGNATURE/De Visit Number Screening: Decay Total No.	teeth present? Other oral findings? Y N applied? Y N If not why not?	NDate:
Describe: Fluoride varnish Education: Mater Referral to local of SIGNATURE/De Visit Number Screening: Decay Total No. Describe:	teeth present? Other oral findings? Y N  applied? Y N If not why not?  rials given to parent? Y N Parent counseled? Y dentist? Y N Name of dentist:  egree of Provider: : Change in Med Hx? Y N Describe:  Change in Dental Hx? Y N Describe:  y in baby teeth? Y N No. of teeth decayed?  teeth present? Other oral findings? Y N	NDate:
Describe: Fluoride varnish Education: Mater Referral to local of SIGNATURE/De Visit Number  Screening: Decay Total No. Describe: Fluoride varnish	teeth present? Other oral findings? Y N  applied? Y N If not why not?  rials given to parent? Y N Parent counseled? Y dentist? Y N Name of dentist:  egree of Provider: : Change in Med Hx? Y N Describe:  Change in Dental Hx? Y N Describe:  y in baby teeth? Y N No. of teeth decayed?  teeth present? Other oral findings? Y N  applied? Y N If not why not?	N Date: White spots? Y N
Describe: Fluoride varnish Education: Mater Referral to local of SIGNATURE/De Visit Number  Screening: Decay Total No. Describe: Fluoride varnish Education: Mater	teeth present? Other oral findings? Y N  applied? Y N If not why not? rials given to parent? Y N Parent counseled? Y dentist? Y N Name of dentist: egree of Provider: : Change in Med Hx? Y N Describe: Change in Dental Hx? Y N Describe: y in baby teeth? Y N No. of teeth decayed? teeth present? Other oral findings? Y N  applied? Y N If not why not? rials given to parent? Y N Parent counseled? Y	N Date: White spots? Y N
Describe: Fluoride varnish Education: Mater Referral to local of SIGNATURE/De Visit Number  Screening: Decay Total No. Describe: Fluoride varnish Education: Mater Referral to local of	teeth present? Other oral findings? Y N  applied? Y N If not why not?  rials given to parent? Y N Parent counseled? Y dentist? Y N Name of dentist:  egree of Provider: : Change in Med Hx? Y N Describe:  Change in Dental Hx? Y N Describe:  y in baby teeth? Y N No. of teeth decayed?  teeth present? Other oral findings? Y N  applied? Y N If not why not?	N Date: White spots? Y N