



## STATE OF RHODE ISLAND SCHOOL DENTAL SCREENING FORM

<b>School:</b>	
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<b>Student Name:</b>	<b>Grade:</b>	<b>Classroom:</b>
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### DENTAL SCREENING FINDINGS

<p><b>Dental Treatment Recommendation</b></p> <p><input type="checkbox"/> Your child has <b>no obvious dental problems</b>. Please remember that your child should visit the dentist regularly for routine dental check-ups.</p> <p><input type="checkbox"/> Your child may have dental problems that <b>should be evaluated by a dentist</b>. Please schedule an appointment at your earliest convenience for a comprehensive dental examination. Your child's dentist will decide what treatment is needed, if any.</p> <p><input type="checkbox"/> Your child appears to have a <b>need for <i>immediate</i> care</b>. Contact a dentist as soon as possible.</p>	<p><b>Notes to Parents/Guardians</b></p> <p><input type="checkbox"/> Possible Tooth Decay (Cavity)</p> <p><input type="checkbox"/> Dental Abscess / Infection</p> <p><input type="checkbox"/> Swollen Gums</p> <p><input type="checkbox"/> Needs Better Brushing / Flossing</p> <p><input type="checkbox"/> Recommend Dental Sealants</p>
<p><b>Additional Comments:</b></p>	

<b>Screener:</b>	<b>Screening Date:</b>
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*In accordance with R.I.G.L §16-21-9 and Section 14.0 of the Rules and Regulations for School Health Programs, jointly promulgated by the Rhode Island Departments of Health and Education.*



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