

**TAKE THIS FORM TO
NEXT APPOINTMENT
WITH DENTIST.**

Dear Parent or Guardian,

Today, _____, your child _____ received the preventive services listed below.

_____ Dental assessment by a Certified Public Health Dental Hygienist _____ by a dentist
 _____ Oral hygiene instruction and a toothbrush _____ Tooth brush cleaning
 _____ Fluoride varnish application-**Your child should avoid hard, abrasive foods for the rest of the day.**

Hold off on brushing until tomorrow morning. Skip rinsing with fluoride for 2 or 3 days.

_____ Sealants on these permanent teeth: _____ on these primary teeth: _____
 _____ ITRs (**Temporary fillings**) on these permanent teeth: _____ on primary teeth _____
 _____ Decay-stopping fluoride treatment on these back teeth: _____ (This helps stops a cavity from getting bigger and makes it feel better. You can tell it worked if the cavity becomes hard and black over time. This treatment may need to be repeated in 6-12 months.)

Dental assessments are based on visual inspection of teeth only. X-rays were not taken, so it is possible that there is decay present in areas we cannot see - like surfaces between teeth.
In-school dental treatment is not meant to replace dental services available in a dental office.

_____ No obvious decay. **Please schedule a dental examination when you are able.**
 _____ Areas of decay/possible decay. **Have your child checked by a dentist in the near future.**
 _____ Large area(s) of decay were noted or suspected. Take your child to a dentist **as soon as possible.**
 _____ There is an **immediate** need for dental treatment due to pain and/or infection.
 _____ Food and/or plaque were present _____ Gums appeared puffy and may bleed easily.

Dental hygienist's signature _____

Mary C. Davis, RDH, CPHDH

**Prevent
cavities!!**

- Brush 2 times/day for 2 minutes with a parent's help using fluoride toothpaste
- Limit sugary snacks and drinks and avoid frequent between meal snacks
- After brushing, spit, but don't rinse with water for best fluoride protection
- Children 6 yrs. or older - consider use of a fluoride rinse

For children covered by Medicaid ONLY: APD Upper Valley Smiles may bill for the services provided. No exam fee will be billed. Please schedule an examination by a dentist as soon as you are able.
There are several area dentists who accept NH Medicaid.
 Call 443-9548 if you need help finding a dentist.

Find out if your child is eligible for NH Medicaid. <https://nheasy.nh.gov> or 1-800-852-0632.
You can have private medical insurance and still be eligible.

If you have questions please contact Nancy DuMont at 603-443-9548