

URGENT Follow for non-urgent treatment Follow for info only



Reason NOT treated: Absent Moved Other: _____

STUDENT _____ M F Gr. _____ **Teacher** _____

Dentist's signature _____ Date _____

RDH 1 signature _____ Date _____

RDH 2 signature _____ Date _____

KEY: Rxd. temporary filling:  Existing temporary filling:  Sealant rx'd: **R** Sealant touch-up Rx'd: **T**

GREEN CIRCLE INDICATES the rx'd service was provided

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		t	s	r	q	p	o	n	m	l	k		
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31	30	29	28	27	26	25	24	23	22	21	20	19	18

1st Treatment: **2nd Treatment:** **Sealants:** **Plaque:** Sl Md Hvy

Pro Pro Fuji IX: _____ **Inflammation:** Sl Md Svr

F varnish F varnish Fuji Equia: _____ **Calculus:** Local General

Sealant(s) Sealant(s) **Temporary fillings:** Fuji IX _____ Equia _____ ↑ Saliva ↓ Opening

Temp. Filling Temp. Filling Gagging Uncooperative

URGENT: ___ fistula ___ swelling ___ pain FEARFUL

Describe urgent condition: _____

Chief complaint: _____

Notes: