



Working Together for Healthier Kids

TAKE THIS FORM TO NEXT APPOINTMENT WITH DENTIST.

Dear Parent or Guardian,

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

Preventive services:

- Oral inspection: _____ by a dentist _____ by a dental hygienist
Oral hygiene instruction and a toothbrush _____ Tooth 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 a 2 or 3 days.
Sealants on these permanent teeth: _____ and these primary teeth: _____
Temporary fillings on these permanent teeth: _____ and primary teeth: _____

Tooth check results 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 appear red and puffy and may bleed easily.

Dental hygienist's signature _____



- Brush 2 times/day for 2 minutes.
After brushing, spit, but don't rinse with water for best fluoride protection.
Children 6 yrs. or older - consider use of a fluoride rinse
Avoid frequent between meal snacks

The permission completed at start of school includes a second treatment in the spring. Please let us know if the spring treatment is no longer needed.

For children covered by Medicaid ONLY: Children's Dental Network will 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 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 insurance and still be eligible. Eligibility for a family of 4 is monthly income up to \$6,062.

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