

YOUR CHILD'S RESULTS – Dental Screening

(Please share this information with your child's dentist)

To the Parent/Guardian of: _____

Your child's teeth were checked at school to fulfill the new requirements (HB 2972) for dental screening for students who are 7 years of age or younger AND are entering school for the first time.

Your child's results are marked below. This screening does not take the place of a visit to the dentist.

Screening Results

- No visible signs of dental problems. See your dentist at least yearly.
- Visible signs of dental problems were found. A visit to a dentist is recommended to prevent serious or more costly problems.
- Visible signs or symptoms of serious dental needs were found. An immediate visit to a dentist is recommended.

The Student Was Not Screened Due to the Following:

- The student had an opt-out form.
- The student was absent.
- Other: _____

Signature (Screener): _____

Date: _____

(Screeners: For privacy, please fold up to just under the student's name and tape closed.)



Tips for a healthy smile:

- Parents may need to supervise brushing and flossing
- Brush teeth for at least two minutes, two times a day
- Floss teeth daily
- Use fluoride (toothpaste, varnish, fluoridated water)
- Choose healthy snacks like fruits, vegetables, and cheese
- See a dentist regularly