



**Secretary of State
Office of Professional Regulation**

**DENTAL EXAMINERS
Report of Dental Findings**

Date: _____

Patient's Name: _____

The Registered Dental Hygienist has done a visual inspection of the teeth and documented the findings. The results of this inspection show that:

	A complete check up at the dental office that may include cleaning, x-rays, or exam is recommended
	An exam to check for possible cavities/decay is needed
	An emergency appointment for obvious decay/infection is needed

Services provided by the Registered Dental Hygienist:

	Provided oral evaluation and counseling with primary caregiver (children under three)
	Provided oral hygiene instructions (children aged four and younger)
	Took the following radiographs: _____
	Performed dental prophylaxis
	Applied Silver Diamine Fluoride (SDF) to the following teeth: _____. This treatment should be repeated within the next six months. Contact your family dentist for definite treatment. Please see the SDF Informed Consent Form for additional information about the SDF treatment.
	Applied fluoride varnish to all teeth
	Applied topical fluoride (other than varnish) to all teeth
	Applied dental sealants to the following teeth: _____
	Provided tobacco counseling for the control and prevention of oral disease
	Performed periodontal scaling and root planing_
	Performed full mouth debridement to enable comprehensive evaluation and diagnosis
	Other services: _____

This visual inspection by the dental hygienist was **not** a complete dental examination. More information about your/ your child's dental health can be obtained by seeing a dentist. We recommend that all children see a dentist starting no later than age one and continue at least once a year.

Sincerely,
