



For more information or if you need help finding a dentist, please call us at 503-521-7166.

# Dental Screening Results

Please share this information with your child's dentist

Name of Child: _____ Date: _____ (Last) (First)
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Your child's teeth were checked at school today. Your child's results are marked below. Please continue to see a dentist at least once a year.

## DENTAL SCREENING RESULTS



0 - Your child's teeth looked great!  
No visible signs of dental problems. See your dentist at least once a year.



1 - Visible signs of dental problems were found. Possible cavities or small cavities were seen in your child's teeth. A visit to a dentist is recommended in the next month to prevent serious or more costly problems.

If your child is already receiving treatment, please continue follow-up with your dentist.



2 - Visible signs or symptoms of serious dental problems were found. Possible large cavities, pain or abscesses/infection were present. A visit to a dentist is recommended in the next 24-48 hours.

Your child was not able to participate. We'll try again next time!  
Please see your dentist at least once a year.

Received fluoride varnish:  Yes  No

## AFTER GETTING FLUORIDE VARNISH

- Your child should not brush their teeth or floss for 24 hours.
- Avoid hard foods such as pretzels, candy, and apples.