

请将此信息与您的牙医分享

欲了解更多信息或需
要帮忙物色牙医，
请拨打我们的电话
503-521-7166。

孩子姓名： _____ 日期： _____
(姓氏) (名字)

您的孩子已经在学校完成牙齿检查。您孩子的检查结果如下所示。请继续至少每年到牙医处看诊一次。

牙科筛查结果



- ☐ 0 —— 您孩子的牙齿看起来很健康！
无明显的牙齿问题迹象。至少每年到您的牙医处看诊一次。



- ☐ 1 —— 发现了明显的牙齿问题迹象。在您孩子的牙齿上看到疑似龋洞或较小的龋洞。建议您下个月到牙医处问诊，以避免问题变严重，花费更多的钱。
☐ 如果您的孩子已经在接受治疗，请继续到您的牙医处接受定期复查。



- ☐ 2 —— 发现了严重牙齿问题的明显迹象或症状。出现疑似大龋洞、牙痛或脓肿/感染。建议在接下来的 **24-48** 小时内到牙医处看诊。

- ☐ 您的孩子无法参加。我们下次再试！
请至少每年到您的牙医处看诊一次。

☐ 缺席 ☐ 拒绝

已接受牙齿涂氟：☐是 ☐否

牙齿涂氟后

- 您的孩子在 24 小时内不得刷牙或使用牙线
- 避免吃硬的食物，如椒盐卷饼、糖果和苹果

Dental Screening Results

Please share this information with your child's dentist

Name of Child: _____ Date: _____
(Last) (First)

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.

☐ Absent ☐ Refused

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