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လၢတၢ်ဂ့ၢ်တၢ်ကျိၤဆူညါအဂီၤ်မ့တမ့ၢ်ဖနမ့ၢ်လိၣ်ဘၣ်တၢ်မၤစၢၤလၢတၢ်ကဃုမဲကသံၣ်သရၣ်တဂၤအခါနွၣ်.ဝံသးစူၤကိးဘၣ်ပှၤဖဲ ၅၀၃-၅၂၁-၇၁၆ဖဖနွၣ်တက့ၢ်.

မဲအတၢ်သမံသမိးမၤကွၢ်အစၢတဖၣ်

ဝံသးစူၤနီၤဟ့ၣ်ဘၣ်တၢ်ဂ့ၢ်တၢ်ကျိၤအံၤဒီးနဖိအကသံၣ်သရၣ်တက့ၢ်.

ဖိသၣ်အမံၤ_____ မ့ၢ်နံၤမ့ၢ်သိ-_ _____ _____
(အကတၢ်) (အခိၣ်ထံး)

နဖိအမဲနွၣ်တၢ်သမံသမိးကွၢ်အီၤဖဲကွိအပူၤတနံၤအံၤလီၤ.နဖိအမဲတၢ်မၤကွၢ်အစၢတဖၣ်တၢ်မၤနိၣ်အီၤလၢလာ်နွၣ်လီၤ.
ဝံသးစူၤထံၣ်လိာ်ဘၣ်နသးဒီးမဲကသံၣ်သရၣ်တဂၤအစ့ၤကတၢ်တၢ်နံၣ်တဘျိတက့ၢ်.

မဲအတၢ်သမံသမိးမၤကွၢ်အစၢတဖၣ်

☐ ဝ-နဖိအမဲတဖၣ်အိၣ်ဖျါဂ့ၤဝဲဇၣ်ဒိၣ်မးနွၣ်လီၤ.
မဲအတၢ်ဂ့ၢ်ကိအပနိၣ်လၢတၢ်ထံၣ်အီၤသ့တအိၣ်ဘၣ်.ထံၣ်လိာ်သးဒီးနမဲကသံၣ်သရၣ်အစ့ၤကတၢ်တနံၣ်တဘျိတက့ၢ်.

☐ ၁-တၢ်ထံၣ်နွၢ်မဲအတၢ်ဂ့ၢ်ကိအပနိၣ်တဖၣ်နွၣ်လီၤ.တၢ်ထံၣ်နွၢ်လၢနဖိအမဲအံၤအိၣ်ဒီးတၢ်အိၣ်သးအပူၤလၢအကဲထိၣ်သ့မ့တမ့ၢ်အဃၢ်အိၣ်အပူၤဆံးဆံးဖိအိၣ်ဝဲဇၣ်လီၤ.တၢ်လဲၤထံၣ်လိာ်သးဒီးမဲကသံၣ်သရၣ်လၢဆူညါတလါနွၣ်တၢ်ဟ့ၣ်ကူၣ်အီၤဒ်သိးတၢ်ကဒိသဒၢတၢ်ဂ့ၢ်ကိလၢအဒိၣ်အမ့ၢ်မ့တမ့ၢ်တၢ်လၢအပှၤကလံၤဒိၣ်တဖၣ်အဂီၢ်နွၣ်လီၤ.

☐ ဖဲနဖိအံၤမ့ၢ်မၤန့ၢ်တ့ၢ်လံတၢ်ကူစါယါဘျါတခီ,ဝံသးစူၤပိာ်ထွဲထိၣ်တၢ်ဒုးနဲၣ်သးဆူညါဒိးနမဲကသံၣ်သရၣ်တက့ၢ်.

☐ ၂-မဲအတၢ်ဂ့ၢ်ကိအပနိၣ်,တၢ်ဆါပနိၣ်လၢအဒိၣ်အမ့ၢ်တဖၣ်တၢ်ထံၣ်နွၣ်အီၤန့ၣ်လီၤ.တၢ်အိၣ်သးလၢမဲအပူၤဒိၣ်အိၣ်ဝဲဇၣ်,တၢ်အ့ၣ်ထုးမ့တမ့ၢ်တၢ်ဒၢဖံထိၣ်အတၢ်ဂ့ၢ်ကိတဖၣ်တၢ်ထံၣ်အိၣ်ဝဲဇၣ်လီၤ.တၢ်ဟ့ၣ်ကူၣ်လၢတၢ်ကလဲၤထံၣ်လိာ်သးဒီးမဲကသံၣ်သရၣ်လၢ၂၄-၄၈နၣ်ရံၣ်အတိၢ်ပူၤန့ၣ်လီၤ.

☐ နဖိအံၤဟ်ဃုာ်ဟ်ဂိၢ်တသ့ဘၣ်နွၣ်လီၤ.ပကကျဲးစၢးသမံသမိးအီၤလၢဆူမဲာ်ညါတဘျိန့ၣ်လီၤ.ဝံသးစူၤထံၣ်လိာ်ဘၣ်နသးဒီးနမဲကသံၣ်သရၣ်အစ့ၤကတၢ်တနံၣ်တဘျိတက့ၢ်.

☐ အတဟဲဘၣ် ☐ ဂ့ၢ်လိာ်တ့ၢ်ဝဲ

မၤန့ၢ်လံတၢ်ဖူန့ၢ်ဖလိရဲးကသံၣ်နွၣ်လီၤ. ☐မ့ၢ် ☐တမ့ၢ်

ဖဲဒိးန့ၢ်တၢ်ဖူဖလိရဲးကသံၣ်ဝံၤအလိၢ်ခံ

- နဖိတကြၢးထူးအမဲမ့တမ့ၢ်မၤကဆဲကဆီအမဲကဆူးတဖၣ်လၢ ၂၄နၣ်ရံၣ်အတိၢ်ပူၤန့ၣ်လီၤ
- ပဒ့ၢ်ဟးဆဲးတၢ်အိၣ်လၢအကိၤဒ်ဖရဲးစၢၣ်လ်,တၢ်ဆၢကိၢ်လိၣ်ဒီးဖိသၣ်တဖၣ်တက့ၢ်.

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Dental Screening Results

Please share this information with your child's dentist

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

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