

Dental Screening Referral

Health Services Mat-Su Borough School District 501 N. Gulkana Palmer, AK 99645 P: (907) 746-9200

Date:So	chool:			Grade:
Dear Parent/Guardian of:				
During our health appraisa	al, the followir	ng conditions	were noted in your	r child's mouth:
Cavities				
☐ Gingivitis (bleeding o	r inflamed gums	s)		
☐ Stains (should be che	cked for decay)	Other		
☐ Abnormalities				
Oral hygiene appears:	Good	Fair	Poor	
☐ Immediate examinati	on by a dentist	is urgently nee	ded for your child.	
☐ Not of an emergency	nature but shou	uld be checked	by a dentist very soc	on.
☐ Teeth need to be clea	ned by a dentis	t/dental hygien	ist.	
■ No evidence of dental	disease is appa	arent from visua	al screening. Howeve	er, if your child has no
had a dental examina	tion within the I	last six months	you are advised to r	make an appointment.
Comments:			,	
Brushing twice a day and flos	sing daily will h	elp remove plac	que from all teeth an	d gum surfaces.
Phone Number			School Nurse	=
		REPORT TO TH		
			NED TO SCHOOL NU	JRSE
Student's Name				
Service given				
Follow-up needed				
Comments				
te Dentist's Signature				