

**ORAL ASSESSMENT**

**(Form H – 6) 2009 - 2010**

Required: Enrichment Center  
Pre-Kindergarten  
Kindergarten



**Deadline: August 1, 2009**

**Please Print Clearly**

Student's Name \_\_\_\_\_ DOB \_\_\_\_\_ Grade \_\_\_\_\_

**The following services have been performed:**

- Examination \_\_\_\_\_
- Orthodontic assessment \_\_\_\_\_
- Fluoride application \_\_\_\_\_
- Radiographs \_\_\_\_\_
- Oral prophylaxis (cleaning) \_\_\_\_\_
- Dental sealant \_\_\_\_\_
- Prescription for fluoride supplement \_\_\_\_\_
- Treatment (restoration, pulp therapy) \_\_\_\_\_
- Other \_\_\_\_\_

**The following oral hygiene instruction was provided:**

- Tooth brushing \_\_\_\_\_
- Flossing \_\_\_\_\_
- Dietary counseling \_\_\_\_\_
- Use of fluoride mouth rinse \_\_\_\_\_
- Other \_\_\_\_\_

**Comments:**

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**The following statements are applicable:**

- All necessary preventative services have been performed \_\_\_\_\_
- No restorative services are required at this time \_\_\_\_\_
- Further treatment is indicated (see comments) \_\_\_\_\_
- Further appointments have been arranged (orthodontic, restorative) \_\_\_\_\_
- Routine recall visits recommended \_\_\_\_\_

\_\_\_\_\_  
Dentist's Signature

\_\_\_\_\_  
Dentist's Name (print)

\_\_\_\_\_  
Date of Exam