

WASHINGTON DEPARTMENT OF HEALTH

Child's Name: _____

Dear Parent or Guardian,

As part of the Smile Survey 2000, your child received a dental screening at school. No x-rays were taken and the screening does not replace an in-office dental examination by your family dentist. The results of the screening indicate that:

_____ Your child has no obvious dental problems but should continue to have routine examinations by your family dentist.

_____ Your child has some teeth which should be evaluated by your family dentist. Your dentist will determine whether treatment is needed.

_____ Your child has some teeth which appear to need immediate care. Contact your family dentist as soon as possible for a complete evaluation.

If you do not have a family dentist and you need help in obtaining dental care, you may contact (name of referral source for area).

These findings are discussed in person with parents:

Treatment Urgency:

- ❑ No Obvious Problem/Needs Routine Preventive Care
- ❑ Needs Restorative Care
- ❑ Urgent Care (Pain or Swelling Present)

Urgencia del Tratamiento

- ❑ No hay problemas obvios; requiere examen rutinario
- ❑ Requiere restauraciones dentales
- ❑ Requiere cuidado inmediato (se presenta con hinchazón o dolor)