

**MINERAL POINT SCHOOL DISTRICT
PROOF OF SCHOOL DENTAL EXAMINATION FORM**

To be completed by the parent (please print):

Student's Name: Last	First	Middle	Birth Date:
Address: Street	City, State	Zip	Telephone:
Name of School:		Grade Level	Gender: ___Male ___Female
Parent or Guardian:		Address if different than student:	

To be completed by dentist:

Oral Health Status (check all that apply)

- Yes No **Dental Sealants Present**
- Yes No **Caries Experience / Restoration History** - A filling (temporary/permanent) OR a tooth that is missing because it was extracted as a result of caries OR missing permanent 1st molars
- Yes No **Untreated Caries** - At least 1/2 mm of tooth structure loss at the enamel surface. Brown to dark-brown coloration of the walls of the lesion. These criteria apply to pit and fissure cavitated lesions as well as those on smooth tooth surfaces. If retained root, assume that the whole tooth was destroyed by caries. Broken or chipped teeth, plus teeth with temporary fillings, are considered sound unless a cavitated lesion is also present.
- Yes No **Soft Tissue Pathology**
- Yes No **Malocclusion**

Treatment Needs (check all that apply)

- Urgent Treatment** - abscess, nerve exposure, advanced disease state, signs or symptoms that include pain, infection, or swelling.
- Restorative Care** - Amalgams, composites, crowns, etc.
- Preventative Care** - sealants, fluoride treatment, prophylaxis
- Other** - periodontal, orthodontic

Please note: _____

Signature of Dentist	Date
Address: Street	City, State
Zip	Telephone