STATE OF RHODE ISLAND
SCHOOL DENTAL SCREENING FORM

School:

Student Name:  Grade:  Classroom:

DENTAL SCREENING FINDINGS

Dental Treatment Recommendation

☐ Your child has no obvious dental problems. Please remember that your child should visit the dentist regularly for routine dental check-ups.

☐ Your child may have dental problems that should be evaluated by a dentist. Please schedule an appointment at your earliest convenience for a comprehensive dental examination. Your child’s dentist will decide what treatment is needed, if any.

☐ Your child appears to have a need for immediate care. Call a dentist right away.

See http://health.ri.gov/find/oralhealthservices/ for help finding a dentist. If your child has Medicaid, see https://www.uhc.com/ritesmiles.

Notes to Parents/Guardians

☐ Possible Tooth Decay (Cavity)

☐ Dental Abscess / Infection

☐ Swollen Gums

☐ Needs Better Brushing / Flossing

☐ Recommend Dental Sealants

☐ Crowding/Alignment Concerns

Additional Comments:

Screener:  Screening Date:

In accordance with R.I.G.L §16-21-9 and Section 14.0 of the Rules and Regulations for School Health Programs, jointly promulgated by the Rhode Island Departments of Health and Education.