

# Children's Basic Oral Health Screening Results Letter

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Dear Parent or Caregiver,

Today, your child received a basic oral health exam at school. No x-rays were taken. Please note that this screening was a visual examination and not a dental examination conducted by the dentist. This exam does not replace a routine dental visit

## The results of the exam show that:

\_\_\_\_\_ Your child has no visible dental problems but should continue to visit the dentist every 6 months for regular check-ups.

\_\_\_\_\_ Your child has a tooth, or teeth, that need to be seen by a dentist. The dentist will determine whether treatment is needed.

\_\_\_\_\_ Your child has a tooth, or teeth, that are in need of immediate care. Contact a dentist as soon as possible for a complete evaluation and best treatment. We strongly encourage you to schedule regular dental visits for your child to ensure thorough assessment and appropriate treatments as needed.

If you do not have a family dentist and you need help finding care or insurance, email [oralhealth@health.in.gov](mailto:oralhealth@health.in.gov) or visit: [www.insurekidsnow.gov/coverage/in/index.html](http://www.insurekidsnow.gov/coverage/in/index.html)

Visual screening completed by:

- School Nurse
- School Liaison
- Trained Staff

Screening Date: \_\_\_\_\_

