

To the parent or guardian of \_\_\_\_\_

Your child took part in the dental screening/sealant program at school. A screening is done to quickly assess each child's oral health status. This is **not** meant to take the place of a complete dental exam that might reveal other needs. We strongly encourage you to make an appointment with the dentist of your choice to receive a complete exam and any needed treatment for your child.

Our findings for your child are listed below. Our results may be subject to interpretation because no dental x-rays were taken nor did we know your child's dental history.

**A. TEETH:**

- \_\_\_\_\_ Your child has a need for **urgent** dental care. There are clear signs of a broken tooth, an infection or another problem. We suggest that a dental visit be made as soon as possible to begin treatment.
- \_\_\_\_\_ Your child has a need for dental care. There are possible areas of tooth decay or other dental needs. We suggest that a dental visit be made at an early date to initiate treatment.
- \_\_\_\_\_ Your child has no clear dental needs at this time other than routine care. We suggest that your child visit a dentist every six months for a dental check-up and cleaning.

**PLEASE SEE A DENTIST ABOUT YOUR CHILD'S DENTAL NEEDS**

**B. DENTAL SERVICES:**

- Your child received dental education.
- Your child has teeth that could be sealed.
- Your child received \_\_\_\_\_ dental sealants. More sealants may be needed as your child ages. Sealants will help prevent cavities. However, good oral hygiene, drinking fluoridated water, proper diet and regular care by your family dentist are also essential to good oral health.
- Your child received a fluoride varnish application because of a presence of OR risk of decay.
- Your child did not receive dental sealants in the school program because:
  - \_\_\_\_\_ No consent form was received OR the form received was incomplete.
  - \_\_\_\_\_ Sealants are not indicated at this time.
  - \_\_\_\_\_ Your child was uncooperative (unable to treat).
  - \_\_\_\_\_ Your child was absent on the day that sealants were offered.

**If your child is not under the care of a private dentist, you may call the Knox County Health Department Dental Clinic at 865-215-5110. Your child does not need to have insurance for the health department program. TennCare insurance is also accepted.**

**If your child does not have TennCare but you feel she/he may qualify for it, please apply online at [www.healthcare.gov](http://www.healthcare.gov) or call 800-318-2596.**