

Dental Screening Results Form

Dear Parent or Guardian:

Your child received a dental screening which consisted of using a disposable mouth mirror to detect visually obvious dental problems. **This dental screening was not a complete exam and no diagnostic x-rays were made.** If your child has not been to the dentist for a complete dental check-up in the last year, we encourage you to make an appointment with your family dentist or dental clinic. If you do not have a dental care provider, our office would be happy to help you.

Sincerely,

Your name and Office information

Screening Observations

Child's Name _____ Date _____

_____ No visible cavities/decay problems were noted.

_____ Possible areas of decay were observed. Since this is just a screening, further examination by your dentist is recommended.

_____ Gum/gingival health was noted to be inflamed, red and swollen.
Improved brushing is recommended.

Comments: