Illinois Department of Public Health Proof of School Dental Examination Form



To be completed by the parent (please print):

Parent or Guardian Address (of parent / guardian) To be completed by the dentist: Oral Health Status (Check all that apply): Yes No Dental Sealants Present Yes No Caries Experience / Restoration Hisory - A filling (temporary / permanent) OR a tooth that is missing because it was extracted as a result of caries OR missing permanent 1st molars Wes No Untreated Caries - At least 1/2 mm of tooth structure loss at the enamel surface. Brown to dark brown coloration of the wall of the lesion. These criteria apply to the pit and fissure caviated 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 caviated 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, flouride treatment, prophylaxis Other - Periodontal, orthodontic	Student's n	ame: Last	First	Middle	Birthdate (Month/Day/Year)	
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was extracted as a result of caries OR missing permanent 1st molars Yes	Yes	☐ No	Dental Sealants Present			
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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, flouride treatment, prophylaxis Other - Periodontal, orthodontic Please Note Signature of Dentist	Yes	No No	of the wall of the lesion. These criteria apply to the pit and fissure caviated 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,			
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Signature of Dentist Date	Other - Periodontal, orthodontic					
	Please No	ote				
Address Street City Zip Code Telephone	Signature	of Dentist	Date			
	Address .	Street	City	Zip Code -	Telephone	

Illinois Department of Public Health, Division of Oral Health 217-785-4899 - TTY (hearing impaired use only) 800-547-0466 - www.idph.state.il.us

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