KNOX COUNTY HEALTH DEPARTMENT
SCHOOL-BASED DENTAL PREVENTIVE PROGRAM

Report of Dental Inspection

To the Parent or Guardian of_____

Your child took part in the dental screening/sealant program at their school. A screening is done to quickly assess their 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 6 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 essential to good oral health.

[ ] Your child received a fluoride varnish application due to 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 and you feel they may qualify for it, please contact the Department of Human Services' (DHS) local office at (865) 594-6151.