

Dental Screening Worksheet

Event:

☐ Dental Daycare Screening (DDS)

☐ Dental Preschool Screening (DPS)

☐ Dental Screening (DSS)

Event Date:

Location:

Name:

Paris ID:

Address:

DOB:

Primary Contact:

Gender:

School/Daycare:

PHN:

Event Outcome

☐ Absent (A)

☐ Discharge (DIS)

☐ Clinic Referral

☐ Absent - Refer to Clinic (ARC)

☐ Decay - No Follow-Up (DNFU)

☐ Additional Team Referral

☐ Dissent (D)

☐ No Dental Follow-Up (NDF)

Type:

☐ Dissent Follow-Up (DF)

☐ Unable to Screen - Follow-Up (REFER)

Recall In:

Weeks:

Recall On:

Recall Event:

☐ Dental Daycare Screening (DDS)

☐ Dental Preschool Screening (DPS)

☐ Dental Screening (DSS)

Recall Centre:

Recall to Team:

Recall to Staff:

Providers:

Dental Screening:

☐ ND - No Visible Decay

☐ UD3 - Urgent. Visible Decay 3 Quad

☐ NDR - No Visible Decay Restored

☐ UD4 - Urgent. Visible Decay 4 Quads

☐ D1 - Visible Decay 1 Quad

☐ Anterior Decay Only (For Follow-Up Priority)

☐ D2 - Visible Decay 2 Quads

☐ D3 - Visible Decay 3 Quads

☐ D4 - Visible Decay 4 Quads

☐ UND - Urgent. No Visible Decay

☐ UNDR - Urgent. No Visible Decay Restored

☐ UD1 - Urgent. Visible Decay 1 Quad

☐ UD2 - Urgent. Visible Decay 2 Quads

Nursing Bottle Tooth Decay

(Nursing Bottle Tooth Decay Index - Evidence of tooth decay in at least two primary maxillary incisors)

☐ Yes

☐ No

Comments: