# PATIENT RECORD SEALANT PROGRAM

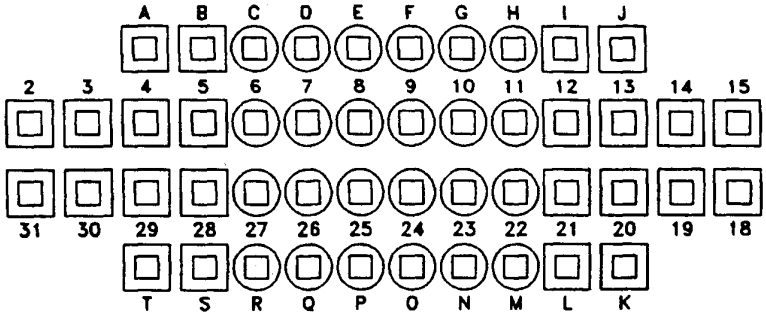
LAST NAME _____ FIRST NAME _____ MI ____ Male ____ Female ____ Date of birth ____ - ____ - ____

School/Site _____

Grade ____ Age ____

Date of Service ____ / ____ / ____

Signature _____




| Priority | 1 | 2 | 3 |
|---|---|---|---|
| Hygiene | G | F | P |
| OHI | Y | N | |
| FMR | Y | N | |

Lip/Frenum _____

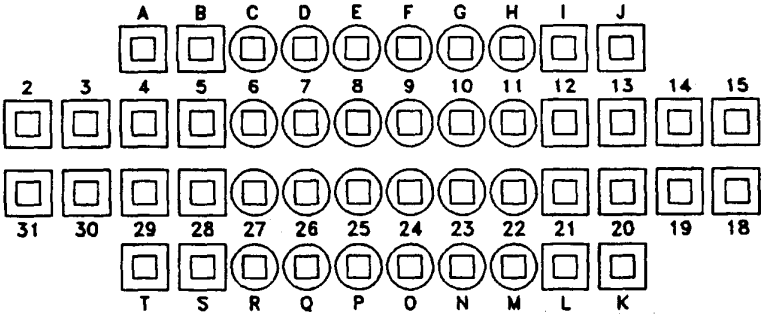
Comments _____

School/Site _____

Grade ____ Age ____

Date of Service ____ / ____ / ____

Signature _____




| Priority | 1 | 2 | 3 |
|---|---|---|---|
| Hygiene | G | F | P |
| OHI | Y | N | |
| FMR | Y | N | |

Lip/Frenum _____

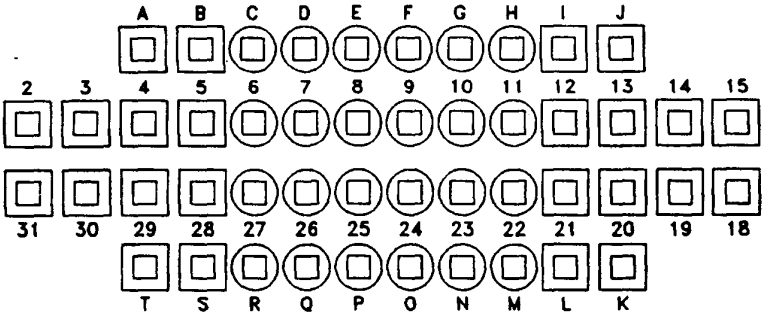
Comments _____

School/Site _____

Grade ____ Age ____

Date of Service ____ / ____ / ____

Signature _____




| Priority | 1 | 2 | 3 |
|---|---|---|---|
| Hygiene | G | F | P |
| OHI | Y | N | |
| FMR | Y | N | |

Lip/Frenum _____

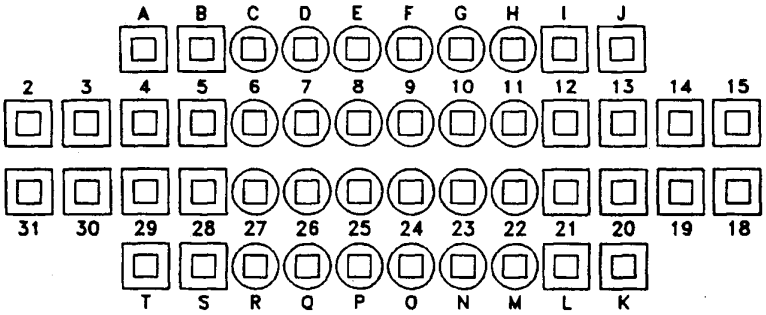
Comments _____

School/Site _____

Grade ____ Age ____

Date of Service ____ / ____ / ____

Signature _____




| Priority | 1 | 2 | 3 |
|---|---|---|---|
| Hygiene | G | F | P |
| OHI | Y | N | |
| FMR | Y | N | |

Lip/Frenum _____

Comments _____

# CHARTING INSTRUCTIONS FOR PATIENT RECORD

Each year a child participates in the program, please record:

1. School
2. Grade
3. Age of child
4. Date of service
5. Signature of dental staff authorizing treatment with degree listed after signature
6. Priority - Evaluate dental need and assign a priority classification based on the following:
   #1 Immediate treatment needed
   #2 Treatment needed
   #3 No obvious dental problems
7. Hygiene - Evaluate oral hygiene of the patient and circle one
   G = Good F = Fair P = Poor
8. OHI Oral Hygiene Instruction Circle: Y = Yes if completed N = No if not completed
9. FMR Fluoride Mouth Rinse Circle: Y = Yes if completed N = No if not completed
10. Lips/Frenum If no abnormalities are observed, please record WNL (within normal limits)
    If abnormalities are observed, please describe
11. Comments Please describe any oral lesions or referral needs in this area

<u>Please refer to the following guidelines for charting procedures:</u>

Use <u>RED PENCIL</u> to chart needed treatment

<u>A. Caries</u>
Shade in surfaces to be restored

<u>B. Other treatment needed</u>
S - to be sealed
RS - reseal/re-apply sealant
X - needs extraction
RRT - retained root tip
Pulp/CC - needs pulp treatment/chrome crown

Use <u>BLUE PENCIL</u> to chart existing conditions

<u>A. Current status of teeth</u>
✓ - present
M - missing
PE - partially erupted

<u>B. Completed treatment</u>
F - filled, restored or crowned
S - sealant present