REGION 7
EDUCATION SERVICE CENTER
The Prime Educational Solution

Monthly Dental Worksheet (bring to FSW meeting every month and turn it in to your team nurse)

Complete additional form for new children and turn in to health support as soon as a dental is obtained.

Site:________________________ **FSW:**________________________ **Month:**_____________________

Child's Name	**On-Site Dental Screening Date** (If done)	**Results** **NP** No Problems **NT** Needs Treatment **U** Urgent *Circle One*	**In-Office Dental Exam Date**	**Results** **NT** Needs Treatment **NP** No Problems **R** Referred *Circle One*	**Follow-up Appointments** Dates and Times	**Name of Child's Dentist** (Dental Home)	**Insurance Status** Insurance and/or Medicaid Number	**Is Treatment Complete?** *Circle One*
		NP NT U		NT NP R				Y N
		NP NT U		NT NP R				Y N
		NP NT U		NT NP R				Y N
		NP NT U		NT NP R				Y N
		NP NT U		NT NP R				Y N
		NP NT U		NT NP R				Y N
		NP NT U		NT NP R				Y N
		NP NT U		NT NP R				Y N
		NP NT U		NT NP R				Y N
		NP NT U		NT NP R				Y N
		NP NT U		NT NP R				Y N
		NP NT U		NT NP R				Y N
		NP NT U		NT NP R				Y N
		NP NT U		NT NP R				Y N
		NP NT U		NT NP R				Y N
		NP NT U		NT NP R				Y N
		NP NT U		NT NP R				Y N
		NP NT U		NT NP R				Y N
		NP NT U		NT NP R				Y N
		NP NT U		NT NP R				Y N

"I verify that the information is accurate and complete." FSW Signature:______________________________ Date:_____________

Region 7 Education Service Center is committed to student success by providing quality programs and services that meet or exceed our customers' expectations.

Created: 07/01/2010 Reviewed: 7/01/2010 Revised: 07/01/2010