

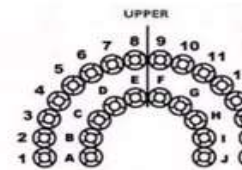
School \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_ Room \_\_\_\_\_ MDC: P or N

Thank you for allowing \_\_\_\_\_ to take part in our **Mobile Dental Clinic Program**.

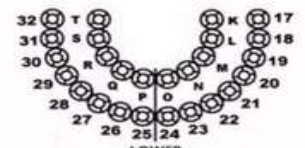
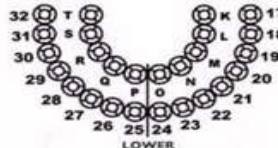
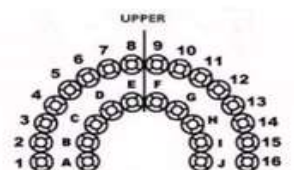
**TREATMENT PROVIDED:**

- \_\_\_\_\_ ☐ Exam  
\_\_\_\_\_ ☐ Radiographs  
\_\_\_\_\_ ☐ Assessment ☐ Dental Prophylaxis  
☐ Fluoride Varnish  
☐ Oral Hygiene Instruction & Nutritional Counseling  
☐ Povidone Iodine Oral Swab  
☐ Sealant \_\_\_\_\_  
☐ \*SDF \_\_\_\_\_  
\*Teeth treated with SDF require monitoring and/or further treatment by a provider.  
☐ \*Smart Sealant \_\_\_\_\_  
\*Smart Sealant: SDF w/ Sealant

Sealants were placed on the teeth marked below:



SDF was placed on the teeth marked below:



Sealants were not placed because:

- ☐ Permanent molars are not present or are not fully erupted ☐ Child already has sealants  
☐ Permanent molars have cavities and/or fillings and can't be sealed ☐ Child couldn't tolerate the procedure

**Your student's oral hygiene:** ☐ Good ☐ Fair ☐ Poor

Please remind your child to brush two times a day (after waking up and before bed) for TWO minutes and floss ONE time a day. Limit sugary foods and drinks (sugar is food for bacteria), encourage a nutritionally balanced diet, and encourage your child to drink water daily.

**REFERRAL RECOMMENDATIONS**

**\*UNTREATED DECAY OR INFECTION CAN LEAD TO SERIOUS COMPLICATIONS AND HOSPITALIZATION\***

- ☐ No obvious problems, exam by a dentist recommended, if a comprehensive or periodic exam was completed, please take your child to the dentist within 13 months of the exam date listed on this form.  
☐ Suspicious area without pain or infection, take your child to a dentist within the next few weeks.  
☐ Urgent dental needs, please take your child to a dentist as soon as possible. **If the Urgent Dental Needs box is checked, you are now of notice of the severity of your child's dental condition. Failure to follow through with treatment could be considered neglect and is reportable under F.S. Section 39.201.**  
☐ **Yes** ☐ **No** The child complained of pain today. ☐ **Yes** ☐ **No** The child had an abscess.

Comments: \_\_\_\_\_

Signature \_\_\_\_\_ RDH / DDS / DMD Date \_\_\_\_\_

It's your responsibility to obtain the necessary dental treatment for your child. Please note, this treatment does not take the place of a comprehensive exam by a dentist. The diagnosis of conditions in the mouth can only be completed by a dentist. If you have any questions, please contact Christina Peterson, RDH at 850-461-0329.

If your child is experiencing a dental emergency please contact their dental home, if they do not have a dental home, please contact the nearest hospital for treatment or call 911. CVHN Dentist of Record: Gary Olson, DDS Phone: (850) 622-3200. In case of an after-hours dental emergency call 911 or head to the nearest emergency room.

**CHILDREN'S VOLUNTEER HEALTH NETWORK (CVHN) MOBILE DENTAL CLINIC PROGRAM  
NOTICE TO PARENT OR GUARDIAN**

**If your child does not have a dental home (dentist), please establish one. Please see the list of resources below that you can call.**

**Dental Providers that may accept Medicaid and/or have a Sliding Fee Schedule.**

It is your responsibility to call and verify that these offices participate in your insurance plan or offer a sliding scale. CVHN cannot answer specific insurance questions.

**Pancare  
Freeport: 850-880-6568  
Panama City: 850-767-3350**

**LECOM Dental School DeFuniak Springs  
850-951-0200**

**Walton County Health Dept  
850-892-8015**

**Okaloosa County Health Dept  
850-689-5593**

**North Florida Medical Clinic Crestview  
850-682-1164**

**Pt. Washington Medical Clinic  
Santa Rosa Beach: 850-213-1133**

**Panhandle Pediatric Dentistry  
Niceville: 850-308-1733  
Santa Rosa Beach: 850-512-1755  
Panama City: 850-481-1969**