

**POMONA UNIFIED SCHOOL DISTRICT**  
**Health Services & Programs**

**Dental Screening Report/Referral**

Name of Child: \_\_\_\_\_ Date: \_\_\_\_\_ Screened by: \_\_\_\_\_

Your child recently had dental screening at school. The findings are indicated below. This was a visual screening without x-rays and does not take the place of regular dental checkups. Small cavities or other problems could have been missed during the screening; therefore, it is recommended that a visit be scheduled if your child has not been examined in the dentist's office in the last six months. Children should brush their teeth after meals and snacks, and use dental floss daily.

1. Oral Hygiene: (cleaning of teeth and gums by brushing and flossing)

- Good
- Needs improvement
- Please help your child brush and floss more carefully to remove plaque.
- Your child needs a professional cleaning. Please make an appointment with your dentist.

2. If any dental problems are checked below, your child should see a dentist.

- Cavities – holes in teeth
  - Bleeding gums
  - Malocclusion – teeth do not fit together properly when mouth is closed.
  - Other problems or comments: \_\_\_\_\_
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3. Care is needed:

- Immediately – urgent problem
  - Consult your dentist as soon as possible.
  - No visible care needed at this time, but child should see a dentist for regular dental checkups every six months.
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4. IF YOU NEED HELP:

- Locating a dentist
- Scheduling an appointment
- Receiving financial assistance

Contact the school nurse at 397- \_\_\_\_\_