



**Mississippi Primary
Health Care Association**

*Working With Our Member Community Health Centers To Make
Affordable, Quality Health Care A Reality For All Mississippians*



Mississippi Seals
School-Based Dental Sealant Program
Oral Health Evaluation Results

Your child participated in an oral health screening performed by a local dentist in your community. An oral health screening identifies problems that are obvious to the naked eye and **does not include** a detailed examination or diagnosis. However, an oral health screening is helpful to call attention to obvious problems which you may not be aware of and to identify early risk factors for dental disease. An application of preventive fluoride varnish is provided at least 2 times per year. Fluoride varnish is a protective coating painted on the teeth to prevent tooth cavities.

Child's Name: _____

Screening Date: _____

Results of Dental Health Evaluation

- ___ No obvious problems were observed – a dental check-up is recommended at least once a year.
- ___ Dental problems were observed – please schedule your child now to see a dentist for care.
- ___ Urgent problems were observed – emergency care is needed immediately to avoid other symptoms or illness.

Procedure:

- ___ Your child received a dental screening.
- ___ Your child received a fluoride varnish application.
- ___ Your child received dental sealants on permanent molar teeth.
- ___ Your child's dental sealants were re-checked today.
- ___ Dental referral was made to:
 Name of Dentist: _____
 Office Address: _____
 Phone Number: _____

For questions call the Mississippi State Department of Health-Oral Health Program at 601-576-7500.
Visit us on the web at <http://www.HealthyMS.com/dentalsealants>.