



MISSISSIPPI STATE DEPARTMENT OF HEALTH

***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.

\_\_\_\_\_ Cleaning (Prophylaxis)

\_\_\_\_\_ Other: \_\_\_\_\_

\_\_\_\_\_ 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 601-206-1590.  
Visit us on the web at <http://www.HealthyMS.com/dentalsealants>.

**Instructions for Form 530**  
**MS Seals Oral Health Evaluation Results Form**  
**Revision 1/03/2020**

**PURPOSE**

MS Seals Oral Health Evaluation Results form will be used by the partnering dental providers to document services rendered and evaluation outcomes for students who participated in school-based sealant programs.

**INSTRUCTIONS**

The Dental provider will use this form after providing a dental evaluation, application of dental sealants and fluoride varnish to each child receiving care. A copy of this form will be given to each screened participant's parent or guardian after treatment has been rendered. This form comes in a triplicate format the White carbon copy goes to the treated child's parent or guardian, the pink copy goes to the treating dental provider and the yellow copy will be given the Regional Oral Health Consultant to submit to the Office of Oral Health's School Based Sealant coordinator for data entry and filing.

**OFFICE MECHANICS AND FILING**

This form will be filed by the School Based Sealant Coordinator in the Office of Oral Health after data has been entered and reporting has been completed.

**RETENTION**

Seven (7) years within the Office of Oral Health and disposed of after the retention years according to MSDH policy.