Iowa Department of Public Health
CERTIFICATE OF DENTAL SCREENING

This certificate is not valid unless all fields are complete.
RETURN COMPLETED FORM TO CHILD'S SCHOOL.

Parent or Guardian Section (please print)

Student Last Name:	Student First Name:	Birth Date (M/D/YYYY):
Parent or Guardian Name:	Telephone (home): (mobile):	
Street Address:	City:	County:
Name of Elementary or High School:	Grade Level:	Gender: ☐ Male ☐ Female

Health Care Provider Section (provider to complete all fields)

Date of Dental Screening: _____

Treatment Needs (check ONE only based on screening results, prior to treatment services provided):

☐ **No Obvious Problems** – the child's hard and soft tissues appear to be visually healthy and there is no apparent reason for the child to be seen before the next routine dental checkup.

☐ **Requires Dental Care** – tooth decay* or a white spot lesion** is suspected in one or more teeth.

☐ **Requires Urgent Dental Care** – obvious tooth decay* is present in one or more teeth, the child is experiencing pain, or there is evidence of infection or injury.

*Tooth decay: A visible cavity or hole in a tooth with brown or black coloration, or a retained root.

**White spot lesion: A demineralized area of a tooth, usually appearing as a chalky, white spot or white line near the gumline. A white spot lesion is considered an early indicator of tooth decay, especially in primary (baby) teeth.

Provider Type (check ONE only):
☐ DDS/DMD ☐ RDH ☐ MD/DO ☐ PA ☐ RN/ARNP (High school screen can only be provided by DDS/DMD or RDH)

Provider Name: (please print) _____ Provider Signature: _____

Business Address: _____

Business Phone: _____

A screening does not replace an exam by a dentist.
Children should have a complete examination by a dentist at least once a year.

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Iowa Department of Public Health • Oral Health Bureau
515-281-3733 • 866-528-4020 • www.idph.state.ia.us/hpcdp/oral_health.asp

A designee of the local board of health or Iowa Department of Public Health may review this certificate for survey purposes.