



Iowa Department of Public Health CERTIFICATE OF DENTAL SCREENING

This certificate is not valid unless all fields are complete.

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

Please Print:

Student's Last Name:		Student's First Name:		Birth Date (M/D/YYYY):	
Parent or Guardian Name:				Telephone (home): (mobile):	
Address: Street		City:		County:	
Name of School:			Grade Level:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female

Treatment Needs (check ONE):

- Yes No **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.
- Yes No **Requires Dental Care** – tooth decay or a white spot lesion is suspected in one or more teeth.
- Yes No **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.

Definitions:

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 gum line. A white spot lesion is considered an early indicator of tooth decay, especially in primary teeth.

Date of Dental Screening: _____

Provider Type*:

DDS RDH MD/DO PA Nurse *High school screening can only be provided by DDS or RDH.

Provider Name: _____ 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.**