

ANNUNCIATION CATHOLIC SCHOOL
3545 Clifton Avenue, Cincinnati, Ohio 45220
Phone (513) 221-1230 Fax (513) 281-8009
www.school.annunciationbvmparish.org

Ohio School Health History

Dental Assessment

Child's Name	Gender (circle one) Male Female	Age	Birthdate
To be completed by Family Dentist			

The following services have been performed:

- Examination by dentist
- Dental sealants
- Oral prophylaxis (Cleaning)
- Orthodontic assessment
- Radiographs
- Diagnosis
- Oral Screening
- Fluoride applications
- Prescription for fluoride supplements

The following oral hygiene instruction was provided:

- Toothbrushing
- Flossing
- Diet counseling related to dental health
- Home/school use of fluoride mouthrinse

The following statements are applicable:

- No apparent care needed at this time.
- All necessary preventative services have been performed. (Fluoride treatment, prophylaxis)
- No restorative services are required at this time.
- Further treatment is indicated. (See comments)
- Further appointments have been arranged. (ex. Orthodontic, restorative)

Comments:

Examiner's Signature _____

Examiner's Printed Name _____

Address _____

Phone _____ **Date signed** _____