

SIERRA-PLUMAS JOINT UNIFIED SCHOOL DISTRICT
Dental Screening
School Nurse, Dotti Bok, R.N.

Student: _____

Grade: _____

School _____

Date: _____

Results of Dental Screening:

1. _____ Practices good dental hygiene.
2. _____ Caries (cavities) noted.
3. _____ Needs to improve brushing.
4. _____ Needs to floss daily.
5. _____ Needs professional cleaning.
6. _____ Needs professional dental care.
7. _____ Needs orthodontic care.

This screening is only a visual examination and cannot take the place of a regular dental examination with X-rays.

FORMS\N-DS (6-94)

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FORMS\N-DS (8/00)