Ohio Department of Health • School and Adolescent Health

Oral Assessment

Student's name

Date of birth / /

The following services have been performed (please check all that apply)

- ☐ Examination
- ☐ Orthodontic assessment
- ☐ Other
- ☐ Fluoride application
- ☐ Radiographs
- ☐ Oral prophylaxis (cleaning)
- ☐ Dental sealant
- ☐ Prescription for fluoride supplement
- ☐ Treatment (restoration, pulp therapy)

The following oral hygiene instruction was provided (please check all that apply)

- ☐ Toothbrushing
- ☐ Flossing
- ☐ Dietary counseling
- ☐ Use of fluoride mouthrinse
- ☐ Other

The following statements are applicable (please check all that apply)

- ☐ All necessary preventive 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. (Orthodontic, restorative)
- ☐ Routine recall visits recommended.

Comments

Dentist's signature

Print name

Phone ( )

Address

Date / /

City

State

ZIP