



- ACTION** Determine Insurance Status
- ACTION** Enroll in Medicaid/Hawki/CHIP
- ACTION** Provide Dentist List (see I-Smile)
- ACTION** Parent to Secure Dental Appointment
- ACTION** Document Regular Care

- ACTION**
- Toothbrushing
 - Gum Wiping
 - Healthy Drinks
 - Healthy Food
 - Healthy Snacks
 - Lift the Lip
 - Other _____
- Reinforce or choose new goal: _____

Home visit

Dental visit

Parent conference

Informal contact

School meeting

DATE _____

Home visit

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- ACTION**
- Fluoride Treatment
 - Toothbrushing
 - Gum Wiping
 - Sealants
 - Parent Education
 - Professional Dental Cleaning
 - Other _____
- Date** _____

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