MEETING ORAL HEALTH REQUIREMENTS

Dentist of Record

YES

NO

Dentist Name _____

Phone _____

Insurance Provider _____

ACTION: Determine Insurance Status

ACTION: Enroll in Medicaid/ Hawk-i/CHIP

ACTION: Provide Dentist List (see I-Smile)

ACTION: Parent to Secure Dental Appointment

ACTION: Document Regular Care

Oral Exam

YES

NO

FOLLOW UP TREATMENT REQUIRED?

YES

NO

CONGRATULATIONS!

Appointment Date _____ Time _____

ACTION: Make Appointment

ACTION: Give Parent Form to be Signed by Dentist

ACTION: Keep Appointment

ACTION: Get Signed Form

Preventive Services

YES

NO

Secure Services in:
- ❍ Dental office
- ❍ Classroom

DATE _____

ACTION
- ❍ Flouride Treatment
- ❍ Toothbrushing
- ❍ Gum Wiping
- ❍ Sealants
- ❍ Parent Education
- ❍ Professional Dental Cleaning
- ❍ Other _____

Date _____

ACTION
- ❍ Flouride Treatment
- ❍ Toothbrushing
- ❍ Gum Wiping
- ❍ Sealants
- ❍ Parent Education
- ❍ Professional Dental Cleaning
- ❍ Other _____

Date _____

ACTION
- ❍ Flouride Treatment
- ❍ Toothbrushing
- ❍ Gum Wiping
- ❍ Sealants
- ❍ Parent Education
- ❍ Professional Dental Cleaning
- ❍ Other _____

Date _____

Family Oral Health Education

Home visit ❍
Dental visit ❍
Parent conference ❍
Informal contact ❍
School meeting ❍

DATE _____

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 _____

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 _____

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 _____

ACTION
- ❍ Toothbrushing
- ❍ Gum Wiping
- ❍ Healthy Drinks
- ❍ Healthy Food
- ❍ Healthy Snacks
- ❍ Lift the Lip
- ❍ Other _____

Reinforce or choose new goal: _____

CHILD'S NAME _____