Marin County Dental Society
Dental Screening Form

Student’s Name: _______________________ Grade: ________ Date: ________________
Teacher: ___________________________ School:___________ Insurance:___________

Screening Results: This was a visual screening only. There may be dental problems present, which
cannot be seen during this screening. Routine dental appointments are very important to detect and prevent
damaging dental disease.

_____ Passed- No obvious decay, but continue regular dental exams.

_____ *Emergency- Needs care for: ___ Infection ____ Pain ____ Gross Decay

_____ *Needs ____ Fillings ____ Extractions ____ Space Maintainers

_____ *Possible areas of decay

_____ Sealants Advised

_____ Get advice on Orthodontics (braces) at next dental visit

_____ Improve brushing and flossing

_____ Professional cleaning advised

_____ Other: ____________________________________________________

*Failed dental screening: REFERRAL- The child needs a visit to a dentist as soon as possible. Please take this form to the dental visit for completion and return it to school after your child is treated. Please call the Marin County Dental Society at 472-7974 if you need a dental referral or financial assistance.

Dentist’s Report to the School

Treating Dentist’s Exam and Treatment:

_____ Child seen on _____________. Referred to: ____________________________ Practitioner/Specialist

_____ Treatment is continuing. ___MCDCF ___UCSF ___UOP ___MCDS Clinic

_____ Treatment is completed.

Dentist’s Signature______________________Date________________ Phone#____________