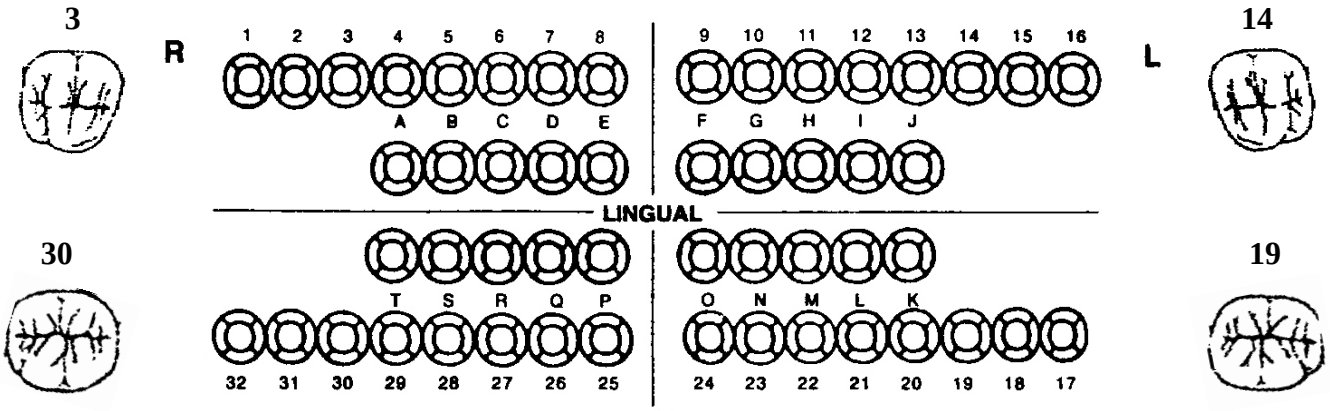
Dental Sealant Program Clinical Record

Patient's Name	**M or F**	**DOB:**	**RM:**

TREATMENT PLAN

	Findings and Sealant Needs on 1st Permanent Molars											
Tooth	Sealed		Need Sealants		Existing Sealant		Decayed		Filled		Unerupted	
3												
14												
19												
30												
Total												



BASIC SCREENING SURVEY – *You can choose more than choice.*

1	**Primary – Untreated Decay** (Evidence of cavitated decay)
2	**Primary – Treated Decay** (Evidence of teeth being treated – fillings, missing)
3	**Permanent – Untreated Decay** (Evidence of cavitated decay)
4	**Permanent – Treated Decay** (Evidence of teeth being treated – fillings, missing)

TREATMENT CLASS AND URGENCY

U	**Urgent Care** : Immediate treatment required, child should have immediate follow-up treatment for severe pain and/or infection (abscess)
E	**Early Care:** Choose this choice when a patient exhibits severe dental disease and needs treatment to avoid serious problems, such as, rampant decay.
R	**Restorative Care:** Child has decay that is not extreme, however needs restorative treatment.
P	**Preventative Maintenance Only:** Child in need of routine dental check-ups.

Date	Progress Notes