

STUDENT REFERRAL

DATE	EXAMINED or SCREENED BY	REFERRED TO	REMARKS (if yes, provide details at bottom of page)
1ST EXAM or SCREEN			Yes <input type="checkbox"/> No <input type="checkbox"/>
2ND EXAM or SCREEN			Yes <input type="checkbox"/> No <input type="checkbox"/>
3RD EXAM or SCREEN			Yes <input type="checkbox"/> No <input type="checkbox"/>
4TH EXAM or SCREEN			Yes <input type="checkbox"/> No <input type="checkbox"/>
5TH EXAM or SCREEN			Yes <input type="checkbox"/> No <input type="checkbox"/>

DENTAL FINDINGS – Check Applicable Items

GRADE	DATE	EXAMINED or SCREENED BY	PROPHYLAXIS	SPECIAL PROJECTS (Specify)	FLUORIDE		NUTRITION COUNSELING	SEALANTS			TOTALS		TOOTHBRUSH INSTRUCTIONS	Oral Evaluation Passed/ Referred
					VARNISH			PREMOLARS	1 ST MOLARS	2 ND MOLARS	Def DMF	OHI Index		
K														
1														
2														
3														
4														
5														
6														
7														
8														
9														
10														
11														
12														
Other														

Remarks

DATE	
DATE	
DATE	
DATE	