CCL 054 2002

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT 503 SOUTH KANSAS AVENUE, TOPEKA, KS 66603-3404 PHONE (785) 296-4986 FAX (785) 296-0256 Website: www.kdads.ks.gov

CONTINUOUS DENTAL RECORD FOR CHILDREN IN FOSTER CARE

Name of Child	Age	Name of Home or Facility	V		
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LEGEND			6 7 8		
Filling Present	Fill in with <u>black</u>	Missing Teeth	Indicate with large black M		
Cavities	Outline surfaces involved in <u>red</u> Draw parenthesis around when filled - ()	Teeth Indicated for Extraction	Indicate with large red X		
Gum Inflammation	Indicate in red beneath teeth involved	Teeth Extracted	Indicated with large black X		
EXAMINATION					
Deciduous teeth: Calculous? Describe:	Decayed? Stained?	Permanent teeth: Decayed? Stained? Calculous? Describe:			
Gums Inflammation? Des	cribe:	Mucous membranes Describe:			
Other oral manifestations Describe:					
Do irremediable de of the teeth exist?	Yes No esent?	Is adequate fluoride present in the water supply? Have fluoride applications	t Yes No		
Yes No been provided? Yes No					
RECOMMENDATIONS					
X-Rays	Restorations	Extractions	Other		
Dental Prophylaxis Fluoride Applications Orthodontic Service					
Continuous record of all services rendered on other side					
	Signature	_	Date		
	9				

CONTINUOUS TREATMENT RECORD

Each entry must be identified by signature of dentist or dental hygienist.

Date	Tooth	Services Rendered	Signature