Iowa Department of Public Health
CERTIFICATE OF DENTAL SCREENING

This certificate is not valid unless all fields are complete.
When complete, return to child's school.
A designee of the local board of health or Iowa Department of Public Health may review this certificate for survey purposes.

Parent or Guardian Section (please print)

Student's Last Name:	Student's First Name:	Birth Date (M/D/YYYY):
Parent or Guardian Name:		Telephone (home): (mobile):
Address: Street	City:	County:
Name of School:	Grade Level:	Gender: ☐ Male ☐ Female

Health Care Provider Section

Treatment Needs (check ONE):

☐ **No Obvious Problems** – the child's hard and soft tissues appear to be visually healthy and there is no apparent reason for the child to be seen before the next routine dental checkup.

☐ **Requires Dental Care** – tooth decay* or a white spot lesion** is suspected in one or more teeth.

☐ **Requires Urgent Dental Care** – obvious tooth decay* is present in one or more teeth, the child is experiencing pain, or there is evidence of infection or injury.

* Tooth decay: A visible cavity or hole in a tooth with brown or black coloration, or a retained root.

** White spot lesion: A demineralized area of a tooth, usually appearing as a chalky, white spot or white line near the gumline. A white spot lesion is considered an early indicator of tooth decay, especially in primary teeth.

Date of Dental Screening: _____

Provider Type:
☐ DDS ☐ RDH ☐ MD/DO ☐ PA ☐ RN/ARNP (High school screening can only be provided by DDS or RDH)

Provider Name: (please print) _____ Provider Signature: _____

Business Address: _____

Business Phone: _____

A screening does not replace an exam by a dentist.
Children should have a complete examination by a dentist at least once a year.

Iowa Department of Public Health, Oral Health Bureau
515-281-3733 • 866-528-4020 • http://www.idph.state.ia.us/hpcdp/oral_health.asp