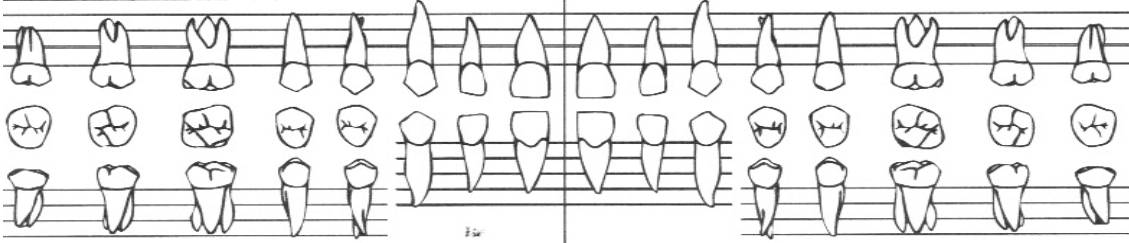
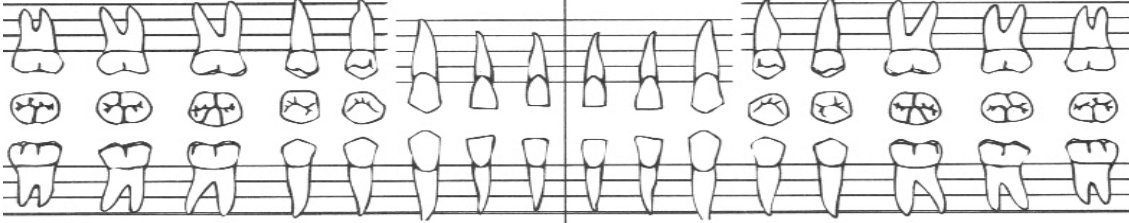
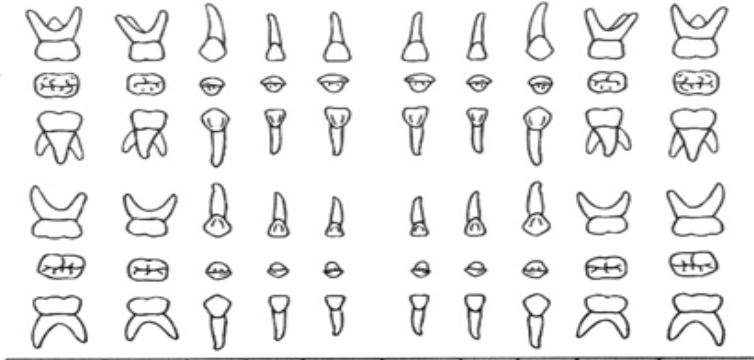


## CONTINUOUS DENTAL RECORD FOR CHILDREN IN FOSTER CARE

**Name of Child** \_\_\_\_\_ **Age** \_\_\_\_\_ **Name of Home/Facility** \_\_\_\_\_

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
															
															
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17

a	b	c	d	e	f	g	h	i	j
									
t	s	r	q	p	o	n	m	l	k

**Legend:**

- |                         |                       |                                       |                              |
|-------------------------|-----------------------|---------------------------------------|------------------------------|
| <b>Filling Present</b>  | Fill in with black    | <b>Missing Teeth</b>                  | Indicate with large black M  |
| <b>Decay</b>            | Indicate in red       | <b>Teeth Indicated for Extraction</b> | Indicate with large red X    |
| <b>Sealants Present</b> | Indicate with black S | <b>Teeth Extracted</b>                | Indicated with large black X |

**Urgent Treatment Needed Tooth #s:** \_\_\_\_\_



**Oral Debris/Hard Soft Deposits: (circle one)**

Plaque: Heavy Moderate Light None Notes: \_\_\_\_\_

Calculus: Heavy Moderate Light None Notes: \_\_\_\_\_

**Gingival/Periodontal Conditions: (circle all that apply)**

Conditions Present: Gingivitis Periodontal Disease Bleeding Exudate

Notes: \_\_\_\_\_

**Occlusion:** Class I Class II Class III Notes: \_\_\_\_\_

Ortho Consultation Recommended: Yes No

**Additional Findings:**

Impacted Teeth: Supernumerary Teeth:  
Soft Tissue Lesions: Swelling/Abscess:

**Recommendations:**

X-Rays: Panorex Bitewings Due: \_\_\_\_\_ Additional PAs: \_\_\_\_\_

Cleaning/Recall Interval: \_\_\_\_\_ Sealants \_\_\_\_\_

Supplemental Fluoride: Varnish 3x/year Rx Toothpaste Fl Tablets/Supplements None

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

