Dentyaan

School dental camp screening form

One row for each child. Keep a copy for follow-up calls.

Clinic: _____

Doctor: _____

Phone: _____

School _____ **Class and section** _____ **Camp date** _____

Screening dentist _____ **Teacher in charge and phone** _____

#	Child's name	Age	Sex	Parent's phone	Decayed teeth	Gums	Other findings	Need *	Called on
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									
21									
22									
23									
24									
25									

* Need: **U** urgent (pain, swelling, abscess), **S** soon (cavities, needs filling), **R** routine (cleaning, sealants, review), **N** no treatment needed now. Share the results with parents in their language, with the clinic's phone number. Call the families of urgent and soon children within a week. See our checklist: dentyaan.com/learn/school-dental-camp-checklist

Dentyaan Private Limited