Print on your school letterhead

Oral Health Screening Results

*(Resultados de la Evaluación de Salud Bucal)*

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

*(Nombre del Niño) (Fecha)*

Dear Parent or Guardian, *(Estimado Padre o Tutor:)*

Your child received a dental screening today. This screening does **not** replace a regular dental check-up, which is recommended at least once a year. Dental x-rays were **not** taken. The dental hygienist or dentist doing the screening found the following:

*(Su hijo recibió un control dental hoy. Este examen* ***no*** *reemplaza un chequeo dental regular, que se recomienda al menos una vez al año.* ***No*** *se tomaron radiografías dentales. El higienista dental o el dentista que hizo el control encontró lo siguiente:)*

1. \_\_\_\_ No obvious need for dental treatment at this time, but should see a dentist for regular check-ups at least once a year. *(No hay necesidad de tratamiento dental en este momento, pero debería ver a un dentista para chequeos regulares al menos una vez al año.)*
2. \_\_\_\_ Need dental treatment soon, possible decay. Please make an appointment with a dentist. *(Necesita tratamiento dental pronto, posibles caries. Haga una cita con un dentista.)*
3. \_\_\_\_ Need **urgent** dental treatment due to toothache, decay or infection. Please schedule an appointment with a dentist as soon as possible. *(Necesita tratamiento dental* ***urgente*** *debido a dolor de muelas, caries o infección. Haga una cita con un dentista lo antes posible.)*

Comments (*Comentarios)*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**\*This service does not replace a regular dental check-up, which is recommended at least once a year.\***

***(\*Este servicio no reemplaza un chequeo dental regular, que se recomienda al menos una vez al año.\*)***