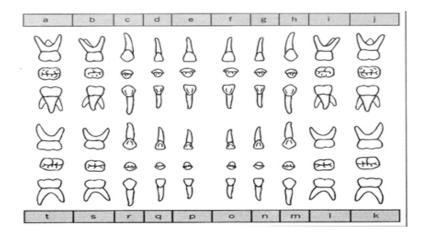
KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT CHILD CARE LICENSING PROGRAM 1000 SW Jackson * CSOB * Suite 200 * Topeka, KS 66612-1274 Phone: (785)296-1270 * Fax: (785)296-7025 http://www.kdheks.gov/bcclr/foster_care.html



CONTINUOUS DENTAL RECORD FOR CHILDREN IN FOSTER CARE

Name of Child Name of Home/Facility Age 10 13 14 15 16 1 2 3 4 5 6 8 9 11 12 7 \mathcal{A} ła (24 (the (mr) (*/** (γ) 29 28 27 26 25 24 23 22 21 20 19 18 17 32 31 30



Legend:

Filling Present Decay Sealants Present Fill in with black Indicate in red Indicate with black S Missing Teeth Teeth Indicated for Extraction Teeth Extracted Indicate with large black M Indicate with large red X Indicated with large black X

Urgent Treatment Needed Tooth #s:_

CCL 054 2013	KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT CHILD CARE LICENSING PROGRAM 1000 SW Jackson * CSOB * Suite 200 * Topeka, KS 66612-1274 Phone: (785)296-1270 * Fax: (785)296-7025 http://www.kdheks.gov/bcclr/foster_care.html								
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	Periodo	ntal Disease	Bleeding	Exudate				
Notes:									
Occlusion: Class I	Class II Clas	ss III N	otes:						
Ortho Consultation Recommended: Yes No									
Additional Findings:									
Impacted Teeth: Soft Tissue Lesions:			•	umerary Teeth: g/Abscess:					
Recommendations:									
X-Rays: Panorex	Bitewings Due	:	Additio	Additional PAs:					
Cleaning/Recall Interva	ıl:		Sealant	S		-			
Supplemental Fluoride:	Varnish 3x/yea	r R	x Toothpaste	Fl Tablets/Supp	lements	None			

Signature

Date

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CONTINUOUS TREATMENT RECORD

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

Date	Tooth	Services Rendered	Signature