

Notice of oral health screening results

Sample Screening Results Letter for Parents

{state} DEPARTMENT OF HEALTH

Child's Name: _____

Date:

Dear Parent or Caretaker,

As part of the *Make Your Smile Count* Survey, your child received a dental screening at school. No x-rays were taken, and the screening does not replace an in-office dental examination by a dentist. The results of the screening indicate that:

_____ Your child has no obvious dental problems but should continue to have routine dental examinations by a dentist.

_____ Your child has a tooth or teeth that should be evaluated by a dentist. The dentist will determine whether treatment is needed.

_____ Your child has a tooth or teeth that appear to need immediate care. Contact a dentist **as soon as possible** for a complete evaluation and appropriate treatment.

If you do not have a family dentist and you need assistance obtaining dental care or insurance, you may contact {name of referral source for area}.

Sincerely,

Name, title, affiliation