

## Notice of oral health screening results

### Sample Screening Results Letter for Parents

#### COLORADO DEPARTMENT OF PUBLIC HEALTH & ENVIRONMENT

Child's Name: \_\_\_\_\_

Date:

Dear Parent or Caretaker,

As part of the Colorado Department of Public Health & Environment's screening 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