

Name:	DOB:	Parent/Guardian:	Gender:
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- 1) Are there any existing signs of an infection: Yes No
- 2) Are there any current cavitated lesions: Yes No
- 2a) Is this isolated to the occlusal surface: Yes No
- 3) Are there any visual changes in tooth structure or has the patient had a cavity in the past 2 years: Yes No

Legend

- S - Sealant NEEDED
- PS - Previously Sealed
- D - Decay
- M - Missing
- F - Filling
- T - Tooth
- NFE - Not Fully Erupted
- NN - Sealant NOT NEEDED

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	
			A	B	C	D	E	F	G	H	I	J				
			T	S	R	Q	P	O	N	M	L	K				
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	

Procedures Performed:

- | | | |
|---|---|--|
| <input type="checkbox"/> Assessment of patient | <input type="checkbox"/> Oral hygiene instruction | <input type="checkbox"/> Temporary restoration |
| <input type="checkbox"/> Fluoride varnish application | <input type="checkbox"/> Povidone iodine | <input type="checkbox"/> Xylitol |
| <input type="checkbox"/> Silver fluoride | <input type="checkbox"/> Sealants | |
| <input type="checkbox"/> Nutrition counseling | <input type="checkbox"/> Tobacco counseling | |

Notes: