

Date	Year	Month	Day
Date			

DENTAL SCREENING

Dear parent(s),	
The institution your child present on	attends offers FREE services to prevent tooth decay. The plublic health dental hygienist will be to carry out a dental screening.
What is a dental sc	reening?

This is a brief meeting with the dental hygienist who will evaluate your child's teeth to determine if she can offer free services to prevent tooth decay. However, please note that these services do not replace regular visits to the dentist; they are complementary services.

What free dental services are available if my child is eligible?

Based on the results of the screening, one or both of the following services will be offered:

- · Application of a dental sealant
- · Application of a fluoride product

Will I be told the results after the dental hygienist's visit?

Yes. The dental hygienist will give your child a letter. This letter will tell you if your child is eligible for free dental services. You will have the option to accept or refuse the offered services.

Can I refuse to allow my child to participate in the dental screening?

Yes. You can refuse to allow the dental hygienist to check your child's teeth. To refuse, you must complete the attached form.

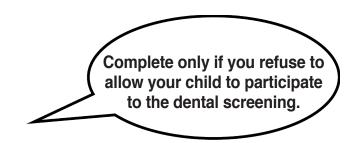
Will the information collected be kept confidential?

Yes. The information collected is confidential and will be kept in the institution where the public health dental hygienist works. This information may be used to evaluate and improve the dental services offered in public health.

For more information, please contact the public health dental hygienist.

Public health dental hygienist			
Name	Area code	Telephone no.	Ext. no.
Establishment			
Email			





REFUSAL

to participate to the dental screening

If you ACCEPT the dental screening, you do not need to return the form.

If you REFUSE the dental screening, please complete the section below and return it before the dental screening takes place.

Parent's 1 first and last name	Parent's 2 first and la	ast name		
elephone number 1	Telephone number 2			
lame of the institution				
arile of the institution				
Group supervisor or group number				
I REFUSE to allow my child			to partic	cipate to the
dental screening carried out by the public health der	ntal hygienist.			
Nama		Data		1 1
Name:		Date	Year	Month Day
Name: In block letters		Date	Year	
In block letters		Date	Year	Month Day
You are: The parent or legal guardian		Date	Year	Day
In block letters	Signature:	Date	Year	Month Day
You are: The parent or legal guardian	Signature:	Date	Year	Month Day
You are: The parent or legal guardian	Signature:	Date	Year	Month Day