

Date	Year	Month	Day

## DENTAL SCREENING RESULTS

**Dear Parent(s),**

Your child, \_\_\_\_\_, has participated to the dental screening carried out by the public health dental hygienist. Here are the results:

- ☐ Your child is eligible for **free** dental services provided by public health. To find out about these services, please read enclosed information sheet. To **accept or refuse** your child's participation, you must complete the last page (front and back) and return it to your child's group supervisor.
- ☐ According to the program criteria, your child is not eligible for the dental services offered by public health. Keep going to your dental office on a regular basis.
- ☐ A dental issue has been observed on one or more teeth. It is recommended that you visit your dentist soon. Some services, such as examinations, X-rays, and fillings, are free for children aged 9 and younger. For more information, you can consult the website of the Régie de l'assurance maladie du Québec.

Comments:

**These screening results do not take the place of your child's regular visits to a dentist.  
Only a dentist can confirm tooth decay.**

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

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