



DT9314

## DENTAL HYGIENE RECORD

### Preventive dental services provided at school

Child's last name		Record no.	
First name			
Health insurance number		Expiry	Year Month
Date of birth		Year Month Day	Sex <input type="checkbox"/> M <input type="checkbox"/> F
Address (no., street)			
City		Postal code	

<b>Date</b>	Year	Month	Day
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<b>Name of school</b>		Group number
Medical precautions		If so, specify:
<input type="checkbox"/> Yes <input type="checkbox"/> No		

Odontogram														
17	16	15	14	13	12	11	21	22	23	24	25	26	27	<b>Key:</b> C: Carious lesion SR: Sealant required S: Sealant present DS: Defective sealant AF: Amalgam filling CF: Composite filling DF: Defective filling
Right													Left	
Lingual		55	54	53	52	51	61	62	63	64	65		Lingual	
		85	84	83	82	81	71	72	73	74	75			
Right													Left	
47	46	45	44	43	42	41	31	32	33	34	35	36	37	

1 Preventive dental care						
Appointment: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> Other:						
1.1 OHIS dental plaque index, dental hygiene status						
16B (or 55)	21B (22 or 61 or 62)	26B (or 65)	36L (or 75)	41B (42 or 81 or 82)	46L (or 85)	Total
Excellent hygiene		Good hygiene		Fair hygiene		Poor hygiene
A (0 to 4)		B (5 to 9)		C (10 to 12)		D (13 to 18)
1.2 Assessment of tooth brushing						
<input type="checkbox"/> Technique used by the child (specify the technique, the duration of brushing, his/her skill level and the problems observed): _____ _____						
<input type="checkbox"/> Technique taught to the child (specify the technique taught, the problems to be corrected and, where applicable, any improvements observed): _____ _____						
<input type="checkbox"/> Demonstration in mouth <input type="checkbox"/> Demonstration on dentofrom model: _____						

User's name	Record no.
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**1.2 Assessment of tooth brushing (cont'd)**

Actions taken with parents, material given to child:

\_\_\_\_\_

\_\_\_\_\_

**1.3 Child's behaviour (specify):**

Cooperative     Uncooperative:

\_\_\_\_\_

\_\_\_\_\_

**1.4 Topical fluoride application (specify):**

\_\_\_\_\_

\_\_\_\_\_

**2 Clear need for treatment**

The child has a clear need for treatment:

at least one c3/C3 or c4/C4 cavity       at least one defective filling with exposed dentin

a dental abscess       dental pain

Parents informed about the situation and the importance of consulting a dentist: \_\_\_\_\_

Follow-up (specify): \_\_\_\_\_

\_\_\_\_\_

**3 Application of pit and fissure sealants**

**3.1 Assessment of the need for dental sealant**

The child does not need dental sealant

The child needs dental sealant on the following tooth or teeth (*indicate the surfaces that need sealant on the odontogram*):

\_\_\_\_\_

**3.2 Dental sealant application**

Dental sealant was applied on the following tooth or teeth (*indicate the sealed surfaces on the odontogram*):

\_\_\_\_\_

**3.3 Assessment of the quality of the sealant applied**

Sealant intact: resealing is not necessary

Sealant must be reapplied on the following tooth or teeth (*indicate the surfaces that need to be repaired on the odontogram*):

\_\_\_\_\_

Sealant was reapplied on the following tooth or teeth (*indicate the surfaces repaired on the odontogram*):

\_\_\_\_\_

<b>Objective for the next appointment</b>	<b>Hygienist's signature</b>
_____	X

User's name

Record no.

Date	Additional notes