



DT9311

SCHOOL-BASED DENTAL SCREENING ACTIVITY RESULTS

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	

Date	Year	Month	Day
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Dear parents,

Your child, _____, participated in the school-based dental screening activity carried out by the public health dental hygienist. Here are his/her results.

(child's first and last names)

Based on public dental health criteria:

Your child is eligible for free school-based dental services.

To find out what services your child is eligible for, please read enclosed information sheet.

If you would like your child to receive these services, you must complete the consent form and medical questionnaire that come with the information sheet and return them to your child's teacher within the next three days.

Your child is not eligible for school-based dental services. He/she does not need to see the public health dental hygienist again this year. However, he/she may be eligible for other dental services in future school years, such as the application of dental sealants.

Your child needs to consult a dentist about a dental problem soon.

Some dental services, such as examinations, X-rays and fillings, are free for children age 9 and under. For more information, you can consult the website of the Régie de l'assurance maladie du Québec.

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

Comments: _____

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

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