



# Iowa Department of Public Health CERTIFICATE OF DENTAL SCREENING

This certificate is not valid unless all fields are complete.  
RETURN COMPLETED FORM TO CHILD'S SCHOOL.

### Student Information (please print)

Student Last Name:		Student First Name:		Birth Date (M/D/YYYY):	
Parent or Guardian Name:			Telephone (home or mobile):		
Street Address:		City:		County:	
Name of Elementary or High School:			Grade Level:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female

### Screening Information (health care provider must complete this section)

Date of Dental Screening: \_\_\_\_\_

Treatment Needs (check ONE only based on screening results, prior to treatment services provided):

No Obvious Problems – the child's hard and soft tissues appear to be visually healthy and there is no apparent reason for the child to be seen before the next routine dental checkup.

Requires Dental Care – tooth decay<sup>1</sup> or a white spot lesion<sup>2</sup> is suspected in one or more teeth, or gum infection<sup>3</sup> is suspected.

Requires Urgent Dental Care – obvious tooth decay<sup>1</sup> is present in one or more teeth, there is evidence of injury or severe infection, or the child is experiencing pain.

<sup>1</sup>Tooth decay: A visible cavity or hole in a tooth with brown or black coloration, or a retained root.

<sup>2</sup>White spot lesion: A demineralized area of a tooth, usually appearing as a chalky white spot or white line near the gumline. A white spot lesion is considered an early indicator of tooth decay, especially in primary (baby) teeth.

<sup>3</sup>Gum infection: Gum (gingival) tissue is red, bleeding, or swollen.

Screening Provider (check ONE only):

DDS/DMD    RDH    MD/DO    PA    RN/ARNP (High school screen must be provided by DDS/DMD or RDH)

Provider Name: (please print) \_\_\_\_\_ Phone: \_\_\_\_\_

Provider Business Address: \_\_\_\_\_

Signature and Credentials of Provider or Recorder\*: \_\_\_\_\_ Date: \_\_\_\_\_

\*Recorder: An authorized provider (DDS/DMD, RDH, MD/DO, PA, or RN/ARNP) may transfer information onto this form from another health document. The other health document should be attached to this form.

A screening does not replace an exam by a dentist.  
Children should have a complete examination by a dentist at least once a year.  
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Iowa Department of Public Health • Oral Health Center  
515-242-6383 • 866-528-4020 • [www.idph.state.ia.us/ohds/OralHealth.aspx](http://www.idph.state.ia.us/ohds/OralHealth.aspx)  
A designee of the local board of health or Iowa Department of Public Health may review this certificate for survey purposes.