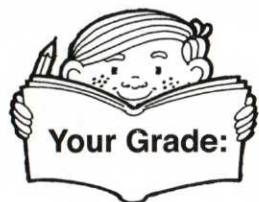


The following ✓ treatment was completed today:

1. Examination	
2. Prophylaxis (Cleaning)	
3. Fluoride Treatment	
4. Radiographs (X-rays)	
5. Brushing & Flossing Instruction	
6. Sealants	

Oral Hygiene Findings:

- Plaque: Light Moderate Heavy
 Tarter: Light Moderate Heavy
 Gingivitis: Light Moderate Heavy

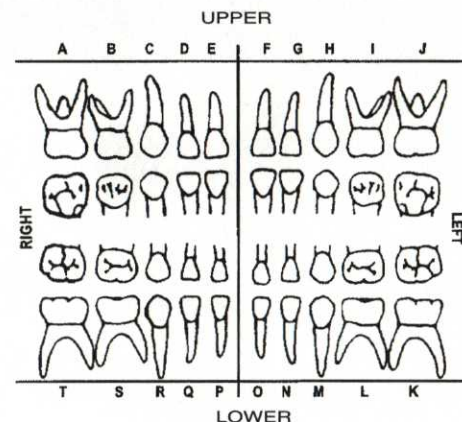


	Outstanding
	Excellent
	Good
	Fair
	Needs improvement

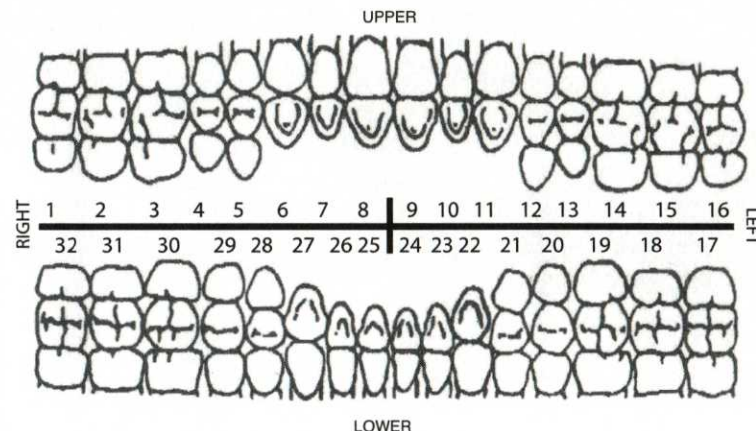
Oral Hygiene Recommendations: ✓

1. Improve Plaque Removal	
2. Daily Use of Floss	
3. Adult Brush and Floss for Child	
4. Proper Snack Foods	
5. Daily Use of Fluoride Mouthwash or Gel	
6. Other	

Primary Teeth:



Permanent Teeth:

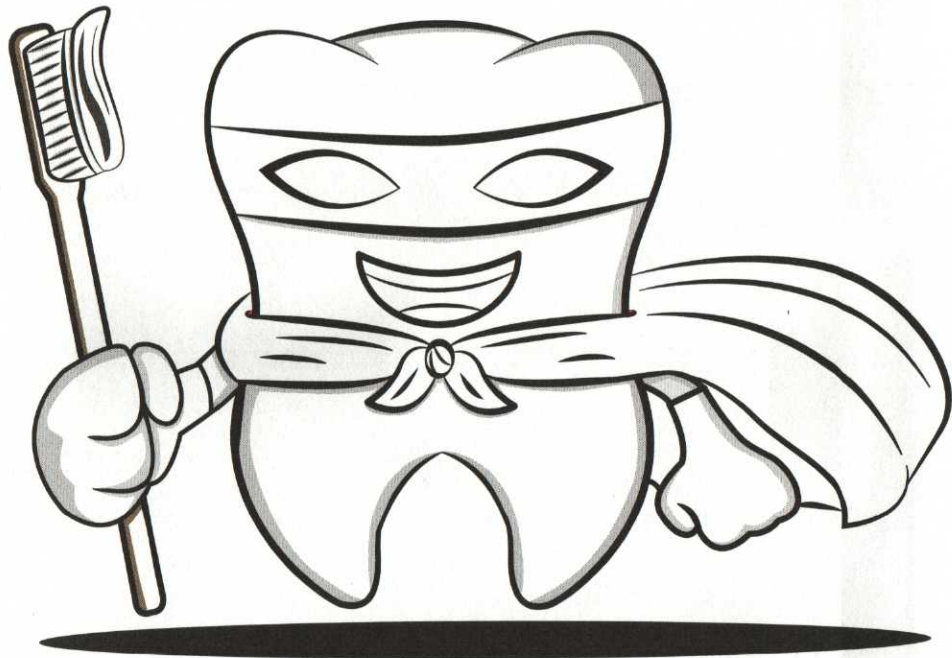


Treatment Recommendations:

_____ Fillings _____ Sealants _____ Extractions

- Orthodontics
 - a. May need treatment in the future
 - b. Study models and consultation in our office
 - c. Referral to orthodontist
- Other _____

"We appreciate and acknowledge parents for accompanying their children during their dental visits. We understand in some instances this is not possible. We welcome the opportunity to communicate in person with parents regarding the dental health and needs of their children. Please call with any questions that you may have."



Dental Report Card

Patient's Name: _____

1760 Centennial Drive
Louisville, CO 80027

303.665.7505