# Sealant Form

1. School: \_\_\_\_\_\_\_\_\_\_ 2. Teacher: \_\_\_\_\_\_\_\_\_\_\_ 3. Grade: \_\_\_\_\_\_\_\_\_\_\_

4. Patient Name: First: \_\_\_\_\_\_\_\_\_ 5. Last: \_\_\_\_\_\_\_\_\_\_

6. DOB: \_\_\_\_\_\_\_\_\_\_ 7. Sex: \_\_\_\_\_\_ (M = Male, F = Female)

## I. Sealant Exam – D = decay, F = filled, M = missing, S = sealant present, PS = prescribe sealant, RS = recommend reseal, no mark = no treatment recommended

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  | Assessment Provider:  Date  Assessment Assistant:  Date |
| 2 | 3 | 14 | 15 |
|  |  |  |  |
|  |  |  |  |
| 31 | 30 | 19 | 18 |
|  |  |  |  |

## Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DIAGNOdent Reading:

## Date:\_\_\_\_\_\_\_\_\_\_\_\_ DIAGNOdent Reading:

## Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 10. Untreated Cavities:  0 = No untreated cavities  1 = Untreated cavities present |  | 11. Caries Experience:  0 = No caries experience  1 = Caries experience |  | 12. Treatment Urgency:  0 = No obvious problem  1 = Early dental care  2 = Urgent care | | | |  |
| 13. Sealants Present:  0 = No sealants  1 = Sealants present |  | 14. Referred for Care Coordination:  0 = No  1 = Yes |  | 15. Decayed or filled teeth:  a. 1st molars b. 2nd molars | | | | |
|  |  |  |  |  |
| 16. Number of Prescribed  Sealants |  | 17. Received Fluoride  0 = No  1 = Yes |  |  | | | | |

## II. Preventive Services - Mark the teeth where sealants were placed with a “Y”.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 2 | 3 | 14 | 15 | Sealant Services Provider:  Date |
|  |  |  |  |
|  |  |  |  |
| 31 | 30 | 19 | 18 |

## Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 18. DIAGNOdent  0 = No  1 = Yes |  | 19. High DIAGNOdent  reading  0 = No |  | 20. Received Sealant  0 = No  1 = Yes |  | 21. Number of teeth sealed among:  a. 1st molars b. 2nd molars c. other | | | | | | |
|  | 1 = Yes |  |  |  |  |  |  |  |  |