# 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: DateAssessment Assistant: Date |
| 2 | 3 | 14 | 15 |
|  |  |  |  |
|  |  |  |  |
| 31 | 30 | 19 | 18 |
|  |  |  |  |

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

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

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 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 |  |  |  |  |  |  |  |  |