**On-Site KOHA Screening Results Letter (English)**

(For parents and caregivers)

[insert organizational name/ logo here]

**Oral Health Screening Results Letter**

Child’s Full Name: Date:

Dear Parent or Guardian,

Your child received a dental screening at [insert school name] provided by licensed dental professionals from [insert organization] on [x date]. No x-rays were taken, and no treatments were given. The screening does not replace an in-office dental examination by your family dentist.

The results of the screening show:

\_\_\_\_\_ Your child has no obvious dental problems but should continue to have routine examinations by your family dentist every 6 months.

\_\_\_\_\_ Your child has a tooth or teeth that should be checked by your family dentist. Your dentist will determine whether treatment is needed.

\_\_\_\_\_ Your child has a tooth or teeth that appear to need immediate care. Contact your family dentist as soon as possible for a complete evaluation.

If your child needing emergency dental care does not currently have a dentist and/or dental insurance, [Include information about where to access emergency dental care in your county here].

Find a Medi-Cal Dental provider here:

[Optional: Insert county-specific information about how to access dental care]

[Optional: If your organization will be coming back to the school to provide this student with sealants, fluoride varnish, or other preventive services, information about that and the active consent form can be inserted here or somewhere else in this screening results letter]