



## Iowa Department of Public Health CERTIFICATE OF DENTAL SCREENING

**This certificate is not valid unless all fields are complete.**

A designee of the local board of health or Iowa Department of Public Health may review this certificate for survey purposes.

**Please Print:**

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

**Treatment Needs (check ONE):**

- Yes    No   **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.
- Yes    No   **Requires Dental Care** – tooth decay or a white spot lesion is suspected in one or more teeth.
- Yes    No   **Requires Urgent Dental Care** – obvious tooth decay is present in one or more teeth, the child is experiencing pain, or there is evidence of infection or injury.

**Definitions:**

Tooth decay: A visible cavity or hole in a tooth with brown or black coloration, or a retained root.  
 White spot lesion: A demineralized area of a tooth, usually appearing as a chalky, white spot or white line near the gum line. A white spot lesion is considered an early indicator of tooth decay, especially in primary teeth.

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

Provider Type\*:

DDS    RDH    MD/DO    PA    Nurse   \*High school screening can only be provided by DDS or RDH.

Provider Name: \_\_\_\_\_ Provider Signature: \_\_\_\_\_

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

Business Phone: \_\_\_\_\_

**A screening does not replace an exam by a dentist.  
Children should have a complete examination by a dentist at least once a year.**