

## Parent/Guardian Information Letter

Child's name: \_\_\_\_\_

Thank you for participating in today's dental screening. The screening does not take the place of a regular dental exam by your family dentist, and did not include x-rays.

Gracias por participar en la revisión dental que se llevo acabo este día. La revisión no sustituye un examen hecho por un dentista en una oficina y no incluyo rayos-x.

### Screening results:

\_\_\_\_\_ Your child does not have obvious decay. Continue with 6 month dental check-ups.  
(Class 1)  
*No hay caries. Continué con examines dentales cada seis meses.*

\_\_\_\_\_ Your child is in need of dental care. A dental appointment within 1 month is recommended. (Class 2)  
*Su niño/a tiene necesita trabajo dental. Haga una cita dentro un mes.*

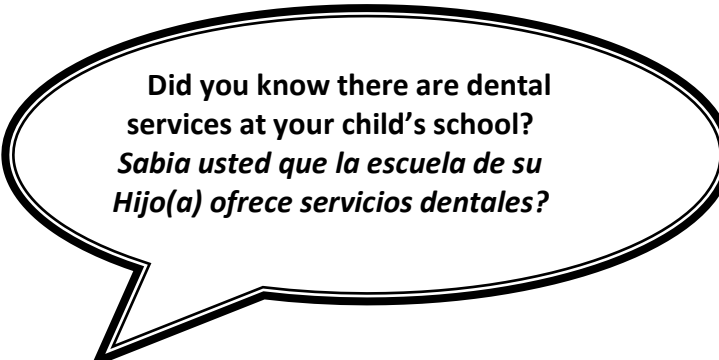
\_\_\_\_\_ Your child has severe dental problems. We recommend visiting a dentist as soon as possible. (Class 3)  
*Su niño/a tiene severos problemas dentales. Le recomendamos que vea un dentista lo mas pronto posible.*

\_\_\_\_\_ Your child needs emergency treatment and/or has a painful dental condition. Visiting a dentist immediately is recommended. (Class 4)  
*Su niño/a tiene problemas dentales de emergencia con condición dolorosa. Recomendamos que vea a su dentista inmediatamente.*

\_\_\_\_\_ Your child could benefit from sealant application. Sealants are a material applied to teeth in order to protect them where decay occurs most often.  
*Su niño/a puede beneficiar con una aplicación de sellador dental. Sellador dental es un material de protección que se aplica en los dientes para prevenir caries donde mas probable pueden ocurrir.*

Provider name: \_\_\_\_\_

Date: \_\_\_\_\_



**Did you know there are dental services at your child's school?  
*Sabia usted que la escuela de su Hijo(a) ofrece servicios dentales?***

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