



**Tooth Condition:**

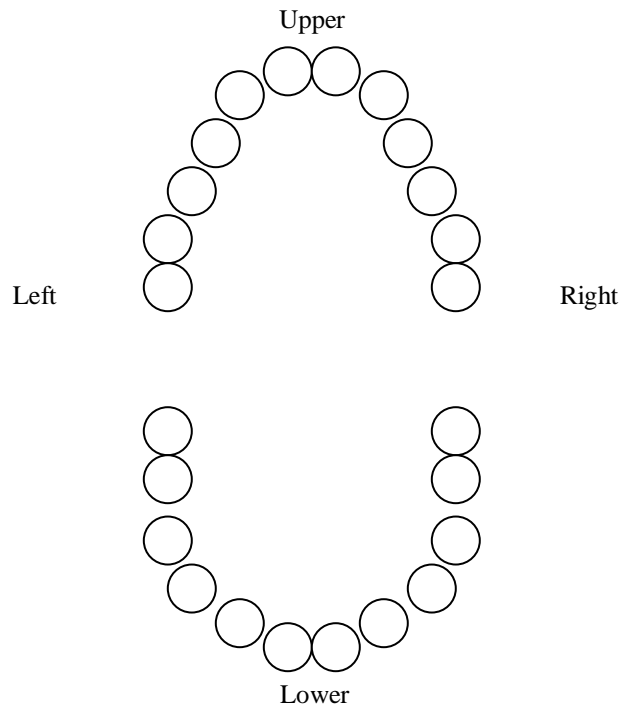
- No abnormalities
- Abnormalities
- No discoloration
- Discoloration
- No decaying
- Decay
- Unidentified substances on teeth

**Current Status:**

- No urgent needs
- Urgent treatment necessary
- Emergencies
- Other: \_\_\_\_\_

**Comments:** Oral Health information given

Date and note any changes since last screening



Place an x on the teeth that have come in and date.

**Initial Screening**

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

NDEHS Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_