

## Happy Smiles Dental Program

Date of Exam: \_\_\_\_\_

Site: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Insurance information:  Private Dental Insurance     MediCal     Healthy Families

Applying for: \_\_\_\_\_ Date Applied: \_\_\_\_\_

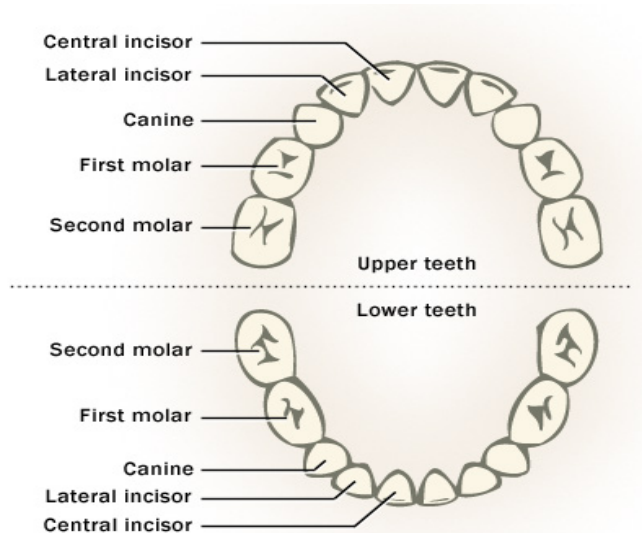
Dear Parent /Querido Padres:

Your child received a basic visual dental exam as part of the Head Start "Happy Smiles Dental Program". (*Su niño/a recibo un examen visual de los dientes como parte del Head Start "Happy Smiles Programa".*)

\*Note: Diagnostic x-rays are not required by Head Start unless the dentist determines them necessary. (*Rayos X diagnósticos no son requeridos por Head Start a menos que el dentista determine que son necesarios.*)

**The results of the exam are (Los resultados del examen son):**

- #1 \_\_\_\_\_ Teeth and Gums appear healthy. Exam Satisfactory. No obvious decay. Your child should have a regular check-up every 6-12 months by a dentist. (*Dientes y Encías Parecen Saludables. Resulto de examen esta bien. No hay picaduras obvias. Su niño/a debe tener un examen regular cada 6-12 meses por un dentista.*)
- #2 \_\_\_\_\_ Needs to be referred for possible treatment, such as fillings, cleanings etc. (*Necesita ser referido para tratamiento posible de rellenos. Limpieza, etc.*)
- #3 \_\_\_\_\_ Urgent care needed, for relief of pain and/or infection. (*Cuidado Urgente, para el alivio de dolor y/o infección.*)
  - It is recommended that your child improve dental brushing at home. (*Se recomienda que su niño/a mejorar en lavarse los dientes en la casa.*)
  - It is recommended that you talk to your dentist in the near future about advice on preventive dental sealants. (*Se recomienda que hable con su dentista en el futuro para obtener consejos sobre odontología.*)<sup>INA</sup><sub>DS</sub>
  - Prescription for fluoride recommended by Dentist/Doctor. (*Prescripción de fluoruro recomendada por dentista/doctor.*)



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**Dentist's Signature (Firma del Dentista)**