

KERN COUNTY CHILDREN'S DENTAL HEALTH NETWORK
Screening

SCHOOL: _____

SCREENING DATE: _____

PARENT/GUARDIAN INFORMATION

Parent/Guardian Name _____

Address _____

City _____

Phone Number _____

IDENTIFYING INFORMATION

or label here ↓

Last Name
First Name
Date of Birth
Social Security #
Teacher Name/Grade



Decayed Primary _____ Perm _____	Filled Primary _____ Perm _____
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TREATMENT URGENCY

(√ answer)

√	CLASS	DEFINITION	REFERRAL
	Class I	No dental caries or other pathology visible	None
	Class II	Visible caries present on 8 teeth or less	Yes
	Class III	Definite caries present on 8 or more teeth w/possible pulpal involvement	Yes
	Class IV	Child in pain or infection is present.	Yes- immed

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