

Step #1 Pre-sealant Screening



Pre-sealant Screening

Please complete this form to offer the assurance that this child's teeth will be ready to receive a sealant treatment on Thursday, May 14, 2015.

Name: _____ Date: _____

The above child has received the following dental treatments within the past 6 months and is ready to receive sealants in the Medical Teams International Mobile Dental Van (ToothMobile).

- Exam
- Dental X-Ray, if necessary
- Existing Sealants?
- Dentist does not recommend sealants until the following work has been performed:

Note to Dentist: This is a new program offered by Fish For Teeth to all second graders on the island; our hope is to offer this program every year. The intent is to encourage regular visits to your dental chair and help prepare young ones for life-long good habits. Thank you for taking the time to fill out this form as we prepare for an efficient day.

Dentist Signature: _____

You can return this form to your child's teacher or to the address listed below. Thank you for your interest in our program.