Seal a Smile ★
Texas Style

A SEALANT MANUAL FOR THE ORAL HEALTH PROGRAM
TEXAS DEPARTMENT OF STATE HEALTH SERVICES

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Mission and Goals

The Mission of the Texas Dental Sealant Program is to:

• Improve the understanding, acceptance, and placement of dental sealants through information provided to school administrators, healthcare providers, and parents.

• Promote and provide preventive oral health services, including sealants, to eligible children in order to prevent tooth decay and improve their oral health.

• Promote oral health as part of one's total health.

The Goals of the Texas Dental Sealant program are to:

• Identify high-risk children in geographically underserved areas and provide preventive services and treatment referrals.

• Serve as a venue for the collection of oral health surveillance data.

• Develop a collaborative network of community and professional partners to increase delivery systems for the implementation of dental sealant programs.

• Facilitate, monitor, and evaluate sealant program effectiveness.

• Provide consultation, technical assistance, and guidelines for development and implementation of sealant programs.
SEALANTS

WHAT ARE SEALANTS? Sealants are clear or shaded acrylic resin (plastic) coatings that are applied to teeth to prevent decay. Sealants protect the grooved and pitted surfaces of the teeth, especially the chewing surfaces of back teeth where most cavities form in children. Sealants are most effective if they are applied soon after the tooth has erupted. This will usually be between the ages of 6 and 7 for the first permanent molars and 12 and 13 for the second permanent molars. Sealants may be applied to any primary molars and permanent teeth considered “at risk” for developing decay.

HOW DO SEALANTS WORK? If the cusps of a tooth are considered as “mountain tops”, the fissures on the chewing surface of a tooth are the “valleys”. Even if a person brushes and flosses carefully, it is difficult to clean the tiny pits and fissures (“valleys”) on certain teeth. A single toothbrush bristle is too large to reach inside a fissure. Food and bacteria can build up in these fissures, placing the child at risk for tooth decay. Sealants “seal out” food and plaque by creating an impenetrable physical barrier between the tooth and the bacteria that can cause cavities, providing a smooth surface that can be effectively brushed, and thus reduce the risk of decay.

LIFE OF A SEALANT When properly applied and cared for, sealants can last for many years and protect teeth throughout the most cavity-prone years. If a person has good oral hygiene and avoids chewing on ice, sealants can last even longer. Studies have shown that after five years, as many as 67 percent of sealants on sealed teeth remain completely intact (Lam. Increase in Utilization of Dental Sealants. The Journal of Contemporary Dental Practice, Vol. 9, No. 3, March, 2008, pp. 81-87).

TREATMENT WITH SEALANTS The application of a sealant is painless with no drilling or anesthesia required. It takes only one visit. The dentist, dental hygienist, or certified dental assistant, applies a conditioning solution to the tooth to prepare the surface. The sealant is then flowed into the grooves of the tooth and allowed to harden. Eating is permitted shortly after placement.

Sealants are only one part of the strategy to keep an individual’s teeth free from decay. Brushing, flossing, balanced nutrition, regular dental visits are still essential for bright, healthy smiles; environmental factors, including periodic exposure to fluoride through: brushing with a toothpaste that contains fluoride, professional fluoride treatments and intake of drinking water containing optimal amounts of fluoride, also contribute to healthy teeth.
Since most children get their first permanent molars by the age of eight and patient compliance is typically better at that age, the Department of State Health Services (DSHS) Oral Health Program (OHP) targets sealant clinics in schools and school districts with a significant number of underserved third-grade children. Socioeconomic status is a significant factor in access to healthcare; therefore, schools in which normally 50% or more of the student population is categorized as economically disadvantaged (i.e., students who qualify for the free/reduced lunch program and have family incomes at or below 185% of the federal poverty level) are selected.

In many schools, it is sometimes necessary to screen and seal other grade levels in order to obtain permission and acceptance by school administrators.
PARTNERSHIPS/RESOURCES/COLLABORATIONS

SCHOOL NURSES

Some school districts have a District Nurse or a Health Services Coordinator. Permission to hold a dental sealant clinic should have to be cleared and coordinated through this person. Occasionally, the district nurse will leave the decision up to the individual school nurse. The school nurse or health services coordinator will generally be the person to obtain approval from the school principal or other administrative personnel. (The cooperation of the school nurse is essential for a successful sealant clinic).

When possible, it is beneficial for a DSHS OHP representative to promote the sealant program at regional or state nurse association meetings. A large number of school nurses can be reached at one time, and questions concerning the statewide sealant program can be answered. This is an excellent opportunity to encourage participation and foster enthusiasm for this valuable service to the children of Texas.

DENTAL AND DENTAL HYGIENE SOCIETIES

Collaborations with the local and state dental and dental hygiene societies are another way to secure program goals and reach more children through sealant programs.

It is very important that DSHS gain the support and understanding of the dental community. It may be necessary to communicate with local dentists that the OHP is not trying to take business or patients away from them. This is a courtesy to make local providers aware that DSHS wishes to work with area dentists in collaborative efforts to improve the oral health of the children in their communities.

Collaborative efforts might include:

- Asking the local dentists to volunteer to do the screenings for the purpose of prescribing sealants and fluoride varnishes.
- Sharing of ideas, mission, and goals.
- Making volunteering easy, keeping in mind that dentists and dental personnel have their own practices to run and work in.
- Encouraging local dentists to adopt schools for preventive projects.
- If possible, recruit multiple dental professionals so that reliance is not based on a single volunteer in the community.
- Utilizing the skills of local, retired dentists or dental hygienists.

When faced with opposition—program administrators must be prepared to address specific concerns and issues.

Potential Oppositions and Proposed Solutions:

- Lack of understanding about the effectiveness of sealants – provide informational materials and facts.
- Concerns about using portable equipment – explain that the equipment is of the highest quality.
- Infection control techniques – assure administrators and school nurses that strict infection control procedures are always followed and that the OHP staff is required to take annual Occupational Safety & Health Administration training in proper infection control methodologies.
- Screening vs. exam with out radiographs – make clear that the screening can detect obvious problems but is not meant to substitute for a complete oral examination at a dental office.
- Doctor/patient relationship – explain that OHP is not trying to supplant existing relationships, but only to provide services that might not otherwise be received.
DENTAL AND DENTAL HYGIENE SCHOOLS

The dental and dental hygiene schools in service regions can be valuable resources for a sealant program. Dental hygiene students in some regions have assisted OHP staff with sealant projects. Likewise, some of the OHP staff have served as adjunct faculty members to the dental hygiene schools in their regions so that they could act as sanctioned student supervisors during collaborative projects.

COMMUNITY VOLUNTEERS and PARENTAL INVOLVEMENT

In addition to volunteers from the local dental community, be open to recruiting and accepting assistance from anyone interested in improving the dental status of Texas children. Some regions have utilized volunteers from church organizations or from the local high schools. This might be of particular interest to students wishing to make a future career in dentistry.

Marketing sealant programs with the help of the media might be a way to increase awareness of the dental needs of local children, informing the community about the sealant program, and asking for volunteers. Be prepared to provide the media with written materials explaining the “who”, “what”, “why”, “where”, and “when” of any dental sealant clinic.

Parental cooperation is an important element for program success. It’s a good idea to send informational material about sealants home to parents when distributing the permission forms for each project. Some resources and ideas on dental sealants and nutrition can be found at: www.mchoralhealth.org, www.saveyoursmile.com, www.nutritionexplorations.org, www.nationaldairycouncil.org, and http://www.beefnutrition.org. Dental personnel might also attend the school’s PTA/PTO association meeting to address attendees about the sealant program.

LOCAL COALITIONS

Local Oral Health Coalitions can be a valuable source of support for sealant functions. The members are already interested in improving oral health and, most often, look forward to helping with dental sealant projects. It’s good to consider joining a local coalition and arrange outreach projects through membership participation.

In Texas, there are currently eight local Oral Health Coalitions as well as a statewide coalition, the Texas Oral Health Coalition (TxOHC). Information about TxOHC can be found at www.TxOHC.org.
Texas Oral Health Coalitions

El Paso Oral Health Commission
Amarillo Dental Task Force
HSR 07 Oral Health Coalition
West Texas Oral Health Coalition
South Texas Oral Health Partnership
Children’s Oral Health Coalition of Tarrant County
South Plains Oral Health Partnership
Dental Task Force of the Greater Houston and Surrounding Areas
PLANNING/PREPARATION FOR SCHOOL SEALANT CLINICS

PROJECT CONTACT/COORDINATOR

The first step, after a particular school has been selected, is to identify the primary contact person for that school or school district (see previous section on SCHOOL NURSES). The DSHS Oral Health employee who makes initial contact with the schools should possess certain “salesmanship” skills. Keep in mind that DSHS is not the only program competing for valuable time and space at a school. Each school must be convinced that the dental sealant program will be a positive experience for the school as well as for the students. It is helpful to offer information on suggested readings and possible additional resources for the teachers to incorporate into their health curriculums. See suggestions under COMMUNITY VOLUNTEERS AND PARENTAL INVOLVEMENT.

POLICIES AND PROCEDURES

After initial contact with the school, send the identified contact person a packet of information regarding the proposed clinic. This packet will include all the necessary forms and a letter of explanation. Assume nothing, and be specific! Explain each form, how it is to be used, and who will be responsible for completion.

Examples:

1. It is the responsibility of the school to see that the permission forms are given to the parent or legal guardian, completed correctly, and returned to the school in a timely manner before the dental team arrives to conduct the screenings.
2. The dental team is responsible for completing the RESULTS OF DENTAL SCREENING forms, but the school is responsible for getting these results to the parent or legal guardian.

Always include your contact information for any follow-up questions and/or concerns from the school.

WORK SPACE CRITERIA

Explain your needs to the school contact person. A space large enough, about 12’ X 12’, to comfortably accommodate a portable dental chair for the student, a chair and desk/table for the dentist, and a chair and desk/table for the hygienist or person recording the data, is needed for the screenings. A slightly larger area might be necessary for placing the dental sealants and providing waiting space for students. Considerations will also include whether or not an assistant is available to help during the procedures. Adequate space, including noise consideration, will be needed for the portable dental unit. It is good to have a table or an area to hold extra supplies. Availability of an electrical outlet is necessary, but dental staff should bring an extension cord in case the electrical outlets in the room are not conveniently located. A sink is helpful (in a science lab, for example), but not necessary. REQUEST AN AREA THAT CAN BE SECURED AT NIGHT. If at all possible, request a ground floor location. Give the school examples of workable locations such as an empty classroom, one end of the nurse’s office if it is large enough, a section of the library, or part of a large activity room. If the school places the dental team on the stage or in the gym, it might be necessary to pack up at the end of the day, take everything to a secured area, and reset the room the next morning. There are multiple factors that should be considered in selection of a work space location, but, in general, an empty classroom usually accommodates most requirements.
ALWAYS CONFIRM AND RECONFIRM THE DATE AND TIME OF THE SCREENINGS AND SEALANT CLINICS IN WRITING AND BY PHONE

The coordinator may want to do this several weeks ahead of the scheduled date, one week before the clinic, and a few days in advance, whenever appropriate.

OBSERVE PROFESSIONAL RULES OF CONDUCT

- Be on time.
- Call if the dental team is going to be late.
- Conduct activities in a business-like, professional manner.
- Be respectful and remember that external projects interrupt normal routines and schedules.
- Do not act as if DSHS is “doing the school a favor”.
- Arrive well groomed.
- Have all instruments, supplies, and equipment well organized and in good working order.
- Follow the rules of the school (example: if visitors or guests are required to check in and wear a visitor’s badge, then be compliant).
- Do not wander around the halls looking in classrooms or break rooms.
- Inform the nurse if DSHS personnel need to take a break or leave the campus for any reason.
- Set individual time schedules within the school day, but work in a timely manner, causing as little disruption to the school as possible.
- Be respectful and conscious of when the children, teachers, and volunteers go to lunch, and remain flexible in working around school functions such as assemblies and field trips.
- Welcome any parents, teachers, or visitors to observe, but don’t allow interference with procedures or compromise infection control.
- Take time before beginning the screenings to go over the permission forms and health histories to check for potential problems with allergies, etc.
- Make notes, if necessary, and discuss any unusual findings with the school nurse.

PATIENT FLOW/STAFF COMMUNICATION

It is not unusual to be placed in an area that is a long distance from the nurse’s office. It is recommended to keep a pair of walkie-talkies or two-way radios charged and ready for each clinic. Give one to the nurse and explain how it works. A dental team member keeps the other. Walkie-talkies are helpful in keeping the flow of students steady and provide quick contact in case you need emergency assistance. Let the nurse know how many students can be screened or sealed within a certain time frame, and explain the importance of keeping the flow of students steady. Short breaks can be nice and are sometimes needed, however, long breaks can waste time. Provide “buffer” time when scheduling. There are always “unforeseen circumstances” such as fire drills, electrical outages, equipment problems, school pictures, and double bookings. Again, let the nurse know when a break is needed or when a team member leaves the campus and their expected return time. Keep communication lines open, and don’t let the school have to guess about the whereabouts of dental staff. On larger projects, it is helpful to request a parent volunteer. This frees up the school nurse to continue normal activities, reduces down times between student groups, and, overall, improves student flow through the dental clinic area.
AFTER THE CLINIC: REPORT AND THANK YOU LETTER

When a clinic has been completed, send a letter to the school nurse and school administrator, thanking them for their cooperation, and detailing how many children were screened, how many received sealants and how many needed to be referred for treatment. Examples of several letters are in the Forms section of the manual. In addition, be sure to include information detailing the dollar value of the services (in-kind services) that have been provided. This information increases the realization of the value of what is actually provided. An example letter, including dollar amounts, can be found in the Forms section of the manual.

To insure quality and retention of sealants, the dentist or dental hygienist may return to various schools for quality assurance checks. Usually, looking at 10% of the children originally sealed provides a good snapshot of sealant placement wear and retention.
BARRIERS/CHALLENGES TO SEALANT PROGRAMS

Barrier: Schools allocating time and space for screening/sealant clinics

- Get the nurse excited about the program. This “key” person can be persuasive with administrative staff and can usually arrange for time and space if they are convinced of its value and importance.
- Be sure to be flexible about scheduling and working with interested schools.

Barrier: Working around TAKS testing schedules

- Some schools do not want anyone disturbing normal classroom activities. Accordingly, some schools do not want external activities a day before testing, while other schools are basically closed to extracurricular activities the entire week before standardized exams.
- Use these down periods as time to catch up on paperwork in the office or schedule other activities.

Barrier: In-Service Days when there are no classes, or early dismissal days when students aren’t present in the afternoon.

- Check school calendars to see if and when there might be days when the dental team will be unable to see children. For example, in some of the smaller rural schools, classes might be dismissed early so that the children can go to football and basketball games (especially if the schools are in the play-offs).
- The nurse may forget or not be informed of subtle calendar quirks, so remain cognizant of upcoming school events.
Barrier: Obtaining permission from school administrators.

- When making initial contact with a school, whether it’s to the nurse by phone or by mail, always send a copy of contact information to additional recommended school staff or administrator(s).
- Before scheduling a sealant clinic date, make sure you have confirmed approval with the administration of the school and school district.

Barrier: Parents not turning in their permission slips

- Provide general education for parents on sealants and how their children will benefit from these services.
- Promote that all sealant services will be provided by licensed, board-certified dental professionals.
- Send permission forms to parents a second time, if the return rate is low.
- Send a teacher letter to parents about the importance of sealants. (See letter in Appendix.)

Barrier: Teachers who don’t understand the importance of sealants

- Encourage the teachers to demonstrate enthusiasm about the program. The more excited they are, the more students will “bug” their parents to return the permission slips. Ask teachers not to assume that a child does not need sealants if they haven’t returned the permission slip.

Barrier: A school that will not return phone calls or has disinterested staff

- Preventive dental programs can not be forced on schools or school personnel. Without cooperation of the school nurse and teachers, a sealant project will have poor results. Instead of wasting time on disinterested schools, move on to alternate schools that show appreciation for such services.
CHECKLIST

Equipment

Operator chair – rolling chairs can be purchased inexpensively at an office supply store. Make sure they are plastic so that they can be properly disinfected

Patient chair – must be sturdy, folding, and transportable

Light – lights on tripods can be easily moved for best lighting. Head lamps are very convenient, as well.

Curing Light – Can be cordless or plug in

Portable Unit (such as ProSeal Unit I or II) – these units are portable and quiet, with built-in air/water and suction capabilities

Supplies

Suction Tips – large and small, colored or white tips

Air/Water Syringe Tips – product manufacturers vary based on the type of fitting used.

Cotton Pliers – locking or non-locking

Trays – optional based on infection control and portable operatory techniques

Protective Eye Wear – a necessary safety precaution

Protective Clothing – Lab coat or uniforms, disposable or non-disposable

Mirrors – disposable or autoclavable

Explorers – disposable or autoclavable

Mouth props – disposable types are available

Sealant material: many types are available – use Dentist/Hygienist preference.

Etchant – prepares the tooth for sealant placement -various types and brands are available – use Dentist/Hygienist preference.

Primadry – a topical liquid that dries the tooth and removes oil.

Fluoride Varnish – a topical fluoride treatment in a dispenser-type package

Cotton Rolls – used to maintain a dry field

Cotton Roll Holders – metal or plastic

Dri-Guard Towels – disposable, plastic-backed bibs to be used to protect patients

Gloves – stock should include powder-free latex and/or non-latex alternatives (nitrile or vinyl)

Masks – ear loop, cone or tie back types

2x2 or 4x4 – gauze pads used to dry the teeth prior to various applications (and sometimes to wipe off dirty faces)

Vaseline – used on children who have chapped lips to prevent the lips from cracking and bleeding

Single-Tipped Cotton Applicators – used to apply Vaseline along with multiple other uses.

Prophy Angle Cups/Brushes – used to clean the coronal surfaces of the teeth

Headrest Covers – for protection of the patient chair and patient

Hand Sanitizer – used between patients when water is not available

Cotton Dri-Angles – placed on the inside of the cheek to aid in keeping the teeth dry

Tray Dri – disposable tray covers – used to keep trays clean

Surface Disinfectants – use to clean tables, chairs, desks, equipment and generalized work area surfaces and equipment.
PORTABLE EQUIPMENT and SUPPLIES

Many supplies and equipment are required to conduct a sealant clinic. Portable dental equipment, as illustrated below and on the following pages, folds down and can be protectively carried in individual cases. Supplies are usually transported in plastic tubs or other convenient containers. An equipment cart is useful to transport supplies.
Operator Stool

Portable Dental Equipment in Carrying Cases
LIGHTS

Tripod lights allow for easy movement and adjustment.

Carrying case protects light from breakage.
Halogen Headband Light

Some hygienists and dentists prefer to work with halogen headband lights.

Curing Light

A well-designed, reliable curing light is essential for successful sealant application and retention. Several types are shown above.
Each portable configuration includes a vacuum pump, large waste container and a compressor powering an air/water syringe with an integrated water source, as well as a multi-functional hand piece.
Referral and Follow-up

After screening the children at a sealant clinic, the dental team presents the teacher and/or school nurse with a list of children who need to be referred for follow-up treatment to a local dentist. The need for treatment urgency is designated by 0, for “routine care”, 1, for “needs follow-up care” and 2, for “needs urgent follow-up care.” (See letter in Appendix.)

Texas 2-1-1

Adults often call the DSHS Oral Health offices looking for assistance and to inquire what dental services are available to them.

When individuals don’t know where to call, 2-1-1 could provide the answers. No matter where a family lives in Texas, a family member can call 2-1-1 and get information about resources in their local community. Whether help is needed finding food or housing, medical or dental assistance, childcare, crisis counseling or substance abuse treatment, knowing this number is all that is needed.

2-1-1 Texas is a free, confidential, informational, and referral line answered by certified specialists, 24 hours a day, seven days a week. When callers dial 2-1-1, they are connected to area information centers in their region. These trained experts have access to the most comprehensive database of community-based organizations, government agencies and nonprofits that exist in Texas. Information can be provided in almost any language.
APPENDIX:

- SAMPLE PARENT LETTER
- PROJECT FORMS (draft copy available upon request)
- RESULTS OF SCREENING FORM

Oral Health Program main number 512-458-7323
Dear Parent/Guardian,

The Texas Department of State Health Services Oral Health Program will come to __________________________ during the next year to provide preventive dental services. A dentist and support personnel will conduct FREE dental screenings to check for tooth decay and other dental problems. **This screening does not take the place of regular dental checkups, and you should continue to take your child to their dentist for on-going dental checkups and treatment.**

After the screening and at a later date, dental sealants and/or fluoride varnish will be provided for children who are eligible. In order to receive sealants and/or fluoride varnish through this program, your child must be eligible for the free- or reduced-lunch program. **THE DENTAL SCREENING IS FREE FOR ALL CHILDREN WHO RETURN A SIGNED PARENT PERMISSION FORM.**

Dental sealants are thin, plastic coatings that may be applied to the chewing surfaces of teeth. They fill in the deep pits and grooves where food and germs collect, and can prevent tooth decay (cavities) in the teeth that are sealed. No shots or anesthesia is necessary for the application. Fluoride varnish is a protective coating that is placed on the teeth to help prevent new cavities and to help stop very small cavities that have already started. Together, fluoride and dental sealants could possibly prevent most tooth decay.

Please complete the attached **Preventive Dental Services Parental Permission Form** (all lines should be completed) and return it to your school nurse by __________, if you want your child to be screened. This signed form serves as permission for your child to participate in the preventive dental services program.

The screening is scheduled to be done the week of________________________. After the dental screening, the results will be sent home with your child.

Thank you for working with us to help improve your child’s smile.
Estimado Padre / Madre / Tutor legal,

El Programa de Salud Oral del Departamento Estatal de Servicios de Salud de Texas estará en ____________________ durante el año que viene para brindar servicios dentales preventivos. Un dentista y personal de apoyo llevarán a cabo exámenes dentales GRATUITOS para detectar las caries y otros problemas dentales. Este examen no reemplaza los exámenes dentales rutinarios y usted debe continuar llevando a su niño al dentista para sus exámenes dentales y tratamiento.

Después del examen y en un día en el futuro, se proporcionarán los selladores dentales y / o el barniz de fluoruro a los niños que reúnen los requisitos por los mismos. Para poder recibir el sellador dental y / o el barniz de fluoruro, su niño tiene que estar inscrito en el programa de almuerzo gratuito o de precio rebajado. EL EXAMEN DENTAL SISTEMÁTICO ES GRATUITO PARA TODO NIÑO QUE ENTREGUE UN FORMULARIO DE PERMISO DE LOS PADRES FIRMADO.

Los selladores dentales son capas delgadas de plástico que se aplican a las superficies trituradoras de los dientes. Los selladores llenan las grietas y ranuras donde se acumulan alimentos y bacterias, y pueden prevenir caries en los dientes sellados. No se necesitan inyecciones ni anestesia para la aplicación. El barniz de fluoruro es una capa protectora que se aplica a los dientes para ayudar a prevenir nuevas caries y para ayudar a detener caries pequeñitas que ya han dado comienzo. Es posible que juntos el fluoruro y los selladores dentales quizá prevengan la mayoría de las caries.

Rellene el formulario adjunto Permiso de los padres para recibir servicios dentales preventivos (deben llenar todas las líneas) y devuélvalo a la enfermera de la escuela al más tardar el __________, si usted quiere que su niño reciba un examen. Ese formulario, al estar firmado, sirve como permiso para que su niño participe en el programa de servicios dentales preventivos.

Se ha programado los exámenes durante la semana de _________________. Después del examen dental sistemático, se mandarán los resultados a casa con su niño.

Gracias por colaborar con nosotros para mejorar la sonrisa de su niño.
RESULTS OF DENTAL SCREENING

Dear Parent/Guardian:
A dental screening has been provided for __________________________. The results are indicated below. Please note that this was a visual examination only. The results of the screening do not replace the need for regular dental checkups. For a thorough examination, including x-rays, it is suggested that you visit your family dentist regularly, preferably twice a year.

0. No obvious dental problems noted.
   A. But several areas need watching.
   B. But be sure to continue regular dental care.
   C. Decay (cavities) on baby teeth about to be lost – does not require treatment.

1. Dental care is needed at the earliest convenience.
   A. Decay (cavity) was detected on baby teeth.
   B. Decay (cavity) was detected on permanent teeth.
   C. Bleeding gums (infection) noted – teeth need to be cleaned.
   D. Suspicious white or red soft tissue areas need checking.

2. Dental problem requires immediate attention.
   A. Pain
   B. Infection (abscess) on ________ baby teeth and/or ________ permanent teeth.
   C. Severe decay (cavity) on ________ baby teeth and/or ________ permanent teeth.

3. Other:
   A. X-ray needed.
   B. Sealants were applied to some of your child’s teeth today.
   C. Sealants will be applied to some of your child’s teeth at a future date.
   D. Fluoride varnish was applied on your child’s teeth today.
      • To keep the varnish on the teeth as long as possible and to achieve the best results, your child should eat soft foods for the rest of the day and their teeth should not be brushed until tomorrow morning.
   E. Fluoride varnish will be applied to your child’s teeth at a future date.
   F. Other

➢ To see if your child is eligible for Medicaid or the Children’s Health Insurance Program (CHIP) call the free 2-1-1 Texas help information line or visit the Texas benefits website at https://www.yourtexasbenefits.com/wps/portal.

➢ If your child is on Medicaid and needs help with transportation to healthcare appointments, please call the THSteps Program at: 1-877-THSTEPS or 1-877-847-8377.

➢ If your child is on Medicaid and you need help finding a dentist, call the THSteps Program at: 1-877-THSTEPS or 1-877-847-8377 or visit the Texas Medicaid Health Partnership (TMHP) website at http://www.tmhp.com/OPL/providerManager/AdvSearch.aspx.

DATE: ___________________________ SIGNED: ___________________________

Regional Dentist’s Signature and Phone #
RESULTADOS DEL EXAMEN DENTAL

Estimado Padre / Madre / Tutor legal:

Se le hizo un examen dental a ________________________________.

Se indican los resultados a continuación. Tome nota que éste fue solo un examen visual. Los resultados del examen sistemático no reemplazan la necesidad de ir al dentista para exámenes rutinarios. Para un examen meticuloso, incluso con radiografías, se sugiere que vayan a su dentista familiar con regularidad, preferiblemente dos veces al año.

0. No se notaron ningunos problemas dentales obvios.
   A. Pero varias áreas necesitan observación.
   B. Pero asegúrese de continuar la atención dental con regularidad.
   C. Caries en los dientes de leche que pronto se caigan—no requiere tratamiento.

1. Obtenga atención dental cuando le convenga.
   A. Se observó caries en los dientes de leche.
   B. Se observó caries en los dientes permanentes.
   C. Se notó sangre en las encías (infección) - necesita una limpieza de los dientes.
   D. Áreas blancas y rojas sospechosas en el tejido blando necesitan atención.

2. Un problema dental que necesita atención inmediata.
   A. Dolor
   B. Infección (absceso) en ______ dientes de leche y / o ______ dientes permanentes.
   C. Caries severa en ______ dientes de leche y / o ______ dientes permanentes.

3. Otro:
   A. Se necesita una radiografía.
   B. Se aplicaron selladores dentales a algunos de los dientes de su niño hoy.
   C. Se aplicarán los selladores a algunos de los dientes de su niño en un futuro.
   D. Se aplicó el barniz de fluoruro a los dientes de su niño hoy.
      • Para permitir que el barniz se quede en los dientes por la mayor cantidad de tiempo posible y para lograr los mejores resultados, su niño deberá comer cosas blandas el resto del día y no se debe lavarse los dientes hasta mañana por la mañana.
   E. Se aplicará el barniz de fluoruro a los dientes de su niño en un futuro.
   F. Otro ______

Para saber si su niño reúne los requisitos para Medicaid o el Programa de Seguro Médico para Niños (CHIP) llame a la línea de información gratuita de 2-1-1 Texas o consulte al sitio de Internet de prestaciones de Texas en https://www.yourtexasbenefits.com/wps/portal. Haga clic en "español" para la versión en español.

Si su niño tiene Medicaid y necesita ayuda con el transporte a sus citas de atención médica llame al Programa de Pasos Sanos de Texas al 1-877-847-8377.


FECHA: _________________________ FIRMA: _________________________

Firma y número de teléfono del dentista de la región
Texas Department of State Health Services
Division for Family & Community Health Services
Oral Health Program
1100 West 49th Street
Austin, Texas 78756
http://www.dshs.texas.gov/dental/default.shtm

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