

License # \_\_\_\_\_

**CONTINUOUS DENTAL RECORD FOR CHILDREN IN FOSTER CARE**

**Name of Child** \_\_\_\_\_ **Age** \_\_\_\_\_ **Name of Home/Facility** \_\_\_\_\_

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17

a	b	c	d	e	f	g	h	i	j
t	s	r	q	p	o	n	m	l	k

**Legend:**

**Filling Present**  
**Decay**  
**Sealants Present**

Fill in with black  
Indicate in red  
Indicate with black S

**Missing Teeth**  
**Teeth Indicated for Extraction**  
**Teeth Extracted**

Indicate with large black M  
Indicate with large red X  
Indicated with large black X

**Urgent Treatment Needed Tooth #s:** \_\_\_\_\_

License # \_\_\_\_\_

**Oral Debris/Hard Soft Deposits: (circle one)**

Plaque: Heavy Moderate Light None Notes: \_\_\_\_\_

Calculus: Heavy Moderate Light None Notes: \_\_\_\_\_

**Gingival/Periodontal Conditions: (circle all that apply)**

Conditions Present: Gingivitis Periodontal Disease Bleeding Exudate

Notes: \_\_\_\_\_

**Occlusion:** Class I Class II Class III Notes: \_\_\_\_\_

Ortho Consultation Recommended: ☐ Yes ☐ No

**Additional Findings:**

Impacted Teeth:

Soft Tissue Lesions:

Supernumerary Teeth:

Swelling/Abscess:

**Recommendations:**

X-Rays: Panorex Bitewings Due: \_\_\_\_\_ Additional PAs: \_\_\_\_\_

Cleaning/Recall Interval: \_\_\_\_\_ Sealants \_\_\_\_\_

Supplemental Fluoride: Varnish 3x/year Rx Toothpaste Fl Tablets/Supplements None

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

License # \_\_\_\_\_

## CONTINUOUS TREATMENT RECORD

Each entry must be identified by signature of a dentist or dental hygienist.

Date	Tooth	Services Rendered	Signature