FCL 054 Rev. 01/22

KANSAS DEPARTMENT FOR CHILDREN AND FAMILIES

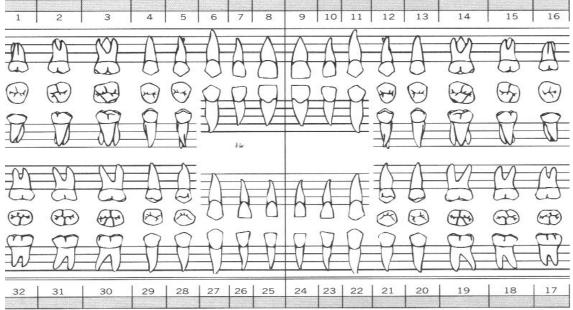
Kansas

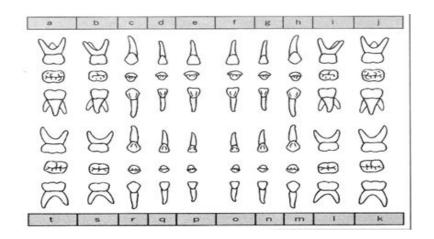
Department for Children
and Families

Foster Care Licensing and Division PO BOX 1424 ● Topeka, KS 66601-1424 500 SW Van Buren St ● 2nd Floor ● Topeka, KS 66603 Fax: (785)296-8609 Website: http://www.dcf.ks.gov

License #

CONTINUOUS DENTAL RECORD FOR CHILDREN IN FOSTER CARE





Legend:

Filling PresentFill in with black
DecayMissing Teeth
Indicate with large black M
Teeth Indicated for ExtractionIndicate with large black M
Indicate with large red XSealants PresentIndicate with black STeeth ExtractedIndicated with large black X

Urgent Treatment Needed Tooth #s:_____

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				Licer	License #		
Oral Debris/Hard	d Soft Deposits: (cir	rcle one)					
Plaque: Heavy	Moderate	Light	None	Notes:			
Calculus: Heavy	Moderate	Light	None	Notes:			
Gingival/Periodo	ntal Conditions: (ci	ircle all th	nat apply)				
Conditions Presen	t: Gingivitis	Period	dontal Disease	Bleeding	Exudate		
Notes:							
Occlusion: Class	s I Class II Cl	ass III	Notes:				
Ortho Consultation	n Recommended:	☐ Yes	s 🗌 N	o			
Additional Findi	ngs:						
Impacted Teeth: Superno			umerary Teeth:				
Soft Tissue Lesior	18:	Swelling/Abscess:					
Recommendation	ıs:						
X-Rays: Panorex	Bitewings Du	Bitewings Due: Additional PAs:					
Cleaning/Recall Ir	nterval:		Sealar	nts			
Supplemental Fluo	oride: Varnish 3x/ye	ear	Rx Toothpaste	e Fl Tablets/	Supplements	None	
Signature				 Date			

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CONTINUOUS TREATMENT RECORD

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

Date	Tooth	Services Rendered	Signature