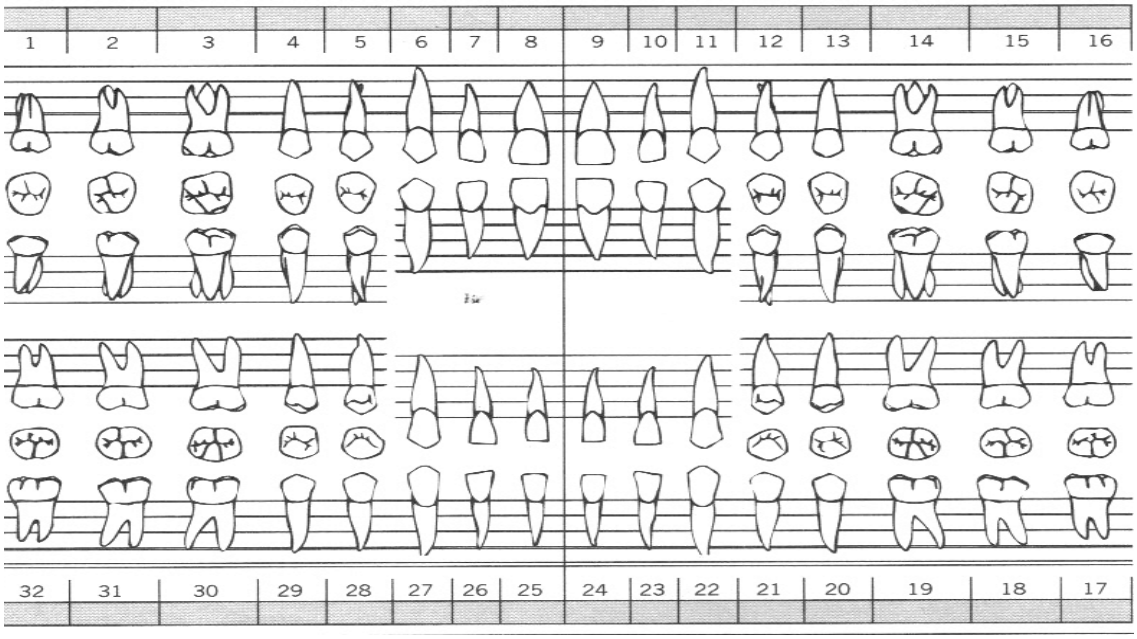
FCL 054
Rev. 03/16

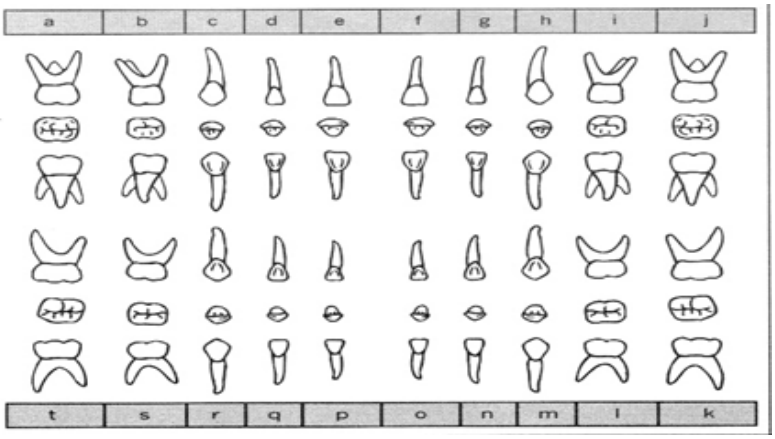
KANSAS DEPARTMENT FOR CHILDREN AND FAMILIES
FOSTER CARE AND RESIDENTIAL FACILITY LICENSING DIVISION
555 South Kansas Avenue ● 2nd Floor ● Topeka, KS 66603
Fax: (785)296-5937
Website: http://FosterLicensing.dcf.ks.gov

License # _____

CONTINUOUS DENTAL RECORD FOR CHILDREN IN FOSTER CARE

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





Legend:

Filling Present	Fill in with black	**Missing Teeth**	Indicate with large black M
Decay	Indicate in red	**Teeth Indicated for Extraction**	Indicate with large red X
Sealants Present	Indicate with black S	**Teeth Extracted**	Indicated with large black X

Urgent Treatment Needed Tooth #s:_____

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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: Supernumerary Teeth:
Soft Tissue Lesions: 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

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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