FCL 054 Rev. 09/25

#### KANSAS DEPARTMENT FOR CHILDREN AND FAMILIES

Foster Care Licensing and Division

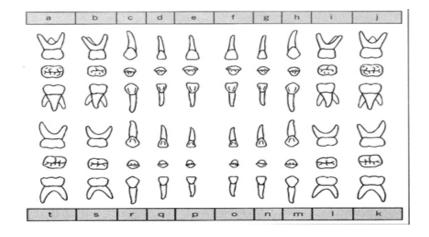


500 SW Van Buren St ● 2nd Floor ● Topeka, KS 66603 Fax: (785)296-8609 Website: <a href="http://www.dcf.ks.gov">http://www.dcf.ks.gov</a>

License #	
-----------	--

### CONTINUOUS DENTAL RECORD FOR CHILDREN IN FOSTER CARE

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	Name of Child	Age		Name of Home/Facility
	1 2 :	3 4 5 6 7 8	9 10 11 12 13	14 15 16
			MMM V V	
@ @ @ @ O O O O O O O O O O O		A TO		
		MAN		



## Legend:

Filling PresentFill in with black<br/>DecayMissing Teeth<br/>Indicate for ExtractionIndicate with large black M<br/>Indicate with large red XSealants PresentIndicate with black STeeth ExtractedIndicated with large black X

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

FCL 054 Rev. 09/25

# KANSAS DEPARTMENT FOR CHILDREN AND FAMILIES

Kansas

Department for Children and Families

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

www.uci.ks.gov		
	License #	

Oral Deb	ris/Hard Soft	Deposits: (circle	le one)					
Plaque:	Heavy	Moderate	Light	None	Notes:			_
Calculus:	Heavy	Moderate	Light	None	Notes:			_
Gingival/	Periodontal (	Conditions: (circ	cle all tha	t apply)				
Condition	s Present:	Gingivitis	Periodo	ontal Disease	В	leeding	Exudate	
Notes:								_
Occlusion	: Class I	Class II Clas	s III N	Notes:				
Ortho Cor	nsultation Rec	ommended:	☐ Yes	☐ No				
Additiona	al Findings:							
Impacted Soft Tissu	Teeth: e Lesions:			•	umerary 1g/Absce			
Recomme	endations:							
X-Rays:	Panorex	Bitewings Due:		Additio	nal PAs:			_
Cleaning/Recall Interval: Sealants				_				
Suppleme	ntal Fluoride:	Varnish 3x/year	· F	Rx Toothpaste		Fl Tablets/Suppl	ements	None
Signature						Date		

FCL 054 Rev. 09/25

### KANSAS DEPARTMENT FOR CHILDREN AND FAMILIES

Foster Care Licensing Division 500 SW Van Buren St ● 2nd Floor ● Topeka, KS 66603



Fax: (785)296-8609 Website: http://www.dcf.ks.gov

License #	

# **CONTINUOUS TREATMENT RECORD**

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

Date	Tooth	Services Rendered	Signature