

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: _____

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>



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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:

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