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

Name of Child

Age

Name of Home/Facility

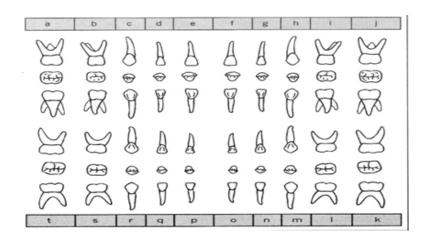
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16

2 3 4 5 6 7 8 9 10 11 12 13 14 15 16

2 3 4 5 6 7 8 9 10 11 12 13 14 15 16

26 | 25

28



23

24

Legend:

Filling PresentFill in with black
DecayMissing Teeth
Indicate 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/Har	ed Soft Deposits: (cir	rcle one)					
Plaque: Heavy	Moderate	Light	None	Notes:			
Calculus: Heavy	Moderate	Light	None	Notes:			
Gingival/Periodo	ontal Conditions: (c	ircle all th	nat apply)				
Conditions Preser	nt: Gingivitis	Period	dontal Disease	Bleeding	Exudate		
Notes:							
Occlusion: Clas	ss I Class II Cl	ass III	Notes:				
Ortho Consultatio	on Recommended:	Yes	s 🗌 N	0			
Additional Findi	ings:						
Impacted Teeth:			Super	numerary Teeth:			
Soft Tissue Lesion	ns:	Swelling/Abscess:					
Recommendation	ns:						
X-Rays: Panorex	Bitewings Du	e:	Additi	onal PAs:			
Cleaning/Recall I	nterval:		Sealar	nts			
Supplemental Flu	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