**mdhhs-6067, KINDERGARTEN ORAL HEALTH ASSESSMENT**

Michigan Department of Health and Human Services (MDHHS)

(New 8-23)

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**section 1 – student information**

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| Child’s Name (Last, First, Middle) | Date of Birth |

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| --- | --- |
| Address (Number, Street, City, Zip Code) | Home/Cell Phone Number |

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| --- | --- |
| Parent/Guardian Name (Last, First, Middle) | Parent/Guardian Email |

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| School Name |

**section 2 – dental exam or assessment recommendations   
(Licensed dental professional must complete this section)**

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| --- | --- |
| Date of Service | Type of Service  Dental Exam  Dental Assessment |
| Findings (Check all that apply)  No findings  Treated decay  Untreated decay | Recommendations (Check **one**)  Routine care  Referral for dental treatment  Referral for urgent dental care |

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| Provider Type (Check **one**)  Dentist  Dental Therapist  Dental Hygienist |

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| --- | --- |
| Provider Signature | Agency/Local Health Department |

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| --- | --- |
| Provider Name (Print) | Phone Number |

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| Additional Comments |

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