



School Entry Dental Examination

ဆိုင်သောစစ်ဆေးမှု

ကျောင်းသား၊သူ၏နာမည် _____
(နောက်ဆုံးနာမည်) (ပထမနာမည်) (နာမည်၏အလယ်)

မေးနေ _____/_____/_____

နေရပ်လိပ်စာ _____

မြို့နယ်၊ ရပ်ကွက် _____

ကျောင်းနာမည် _____

သွားဆရာဝန်၏နာမည် _____ သွားဆရာဝန်၏ဖုန်း _____

THE FOLLOWING TO BE COMPLETED BY EXAMINING DENTIST: အောက်ပါ အကြောင်းအရာများကို သွားဆရာဝန်ကသာ

1. Untreated decay in deciduous teeth yes no

2. Untreated decay in permanent teeth yes no

If yes, to 1 or 2 above, please answer a, b and c below.

a. Decay is classified as *early childhood caries/babybottle caries* (affecting the primary maxillary anterior teeth, followed by involvement of the primary molars; mandibular incisors may not be affected) yes no

b. Decay is classified as rampant caries in permanent teeth yes no

c. Child is experiencing pain *and/or infection* yes no

3. Occlusion is within normal range for age yes no

If no, immediate follow-up is indicated yes no

4. Oral hygiene optimal needs improvement

5. This is child's first dental examination yes no

6. All necessary dental treatment completed yes no

If no, appointments are made for completing treatment yes no

COMMENTS:

Dentist's signature _____

Date _____