

Oral Health School Screening

Dear Parent or Guardian:

A Registered Dental Hygienist checked your child's teeth as part of the Oral Health School Screening program and this Report Card explains what they saw. It is possible that your dentist might find other required care. Therefore, this screening does **NOT** replace your regular visit to your dentist.

For more information:

Phone: 613-966-5500 Toll-free: 1-800-267-2803

TTY: Dial 711 or 1-800-267-6511



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www.hpepublichealth.ca

unsweetened apple sauce · cheese
fruit · yogurt · hard-boiled egg
vegetables · hummus

Ideas

Choose water to quench thirst.
Set a snack time. Avoid "grazing".

Tips

Smart Snacking



FREE Oral Health Clinics
For children 0-17 years of age
(by appointment only)

Belleville	Every Tuesday
North Hastings	1 st Thursday of every month
Quinte West	2 nd Wednesday of every month
Prince Edward County	3 rd Monday of every month
Central Hastings (Gateway Community Health Centre – Tweed)	4 th Friday of every month

To book an appointment for any of the above clinics, please call:
Hastings Prince Edward Public Health
613-966-5500 or toll-free: 1-800-267-2803 ext. 680
TTY: Dial 711 or 1-800-267-6511

Name: _____

Date: _____

No Care Required

Decay

Other _____

Urgent Care Required

Please complete and return the enclosed Healthy Smiles Ontario Parent Notification Form.

Notes for the Dentist

Preventive Care Recommended (see reverse to book an appointment ➡)

Fluoride

Sealant(s)

Scaling

Oral Hygiene Instruction

Definitions

Decay: Tooth decay, which is also called a cavity, is the breakdown of the tooth structure.

Fluoride: Fluoride is painted on teeth to make them stronger and prevent cavities/decay.

Scaling: Professional cleaning, or scaling, involves the removal of tartar.

Sealant(s): Pit and Fissure Sealants are plastic coatings placed in the deep grooves and pits of teeth to help prevent cavities.

Oral Hygiene Instruction: Toothbrushing, flossing, and healthy snacking lesson.

Please discuss the above with your family dentist, or if you require financial assistance for dental care please contact Public Health.

Signature: _____

Registered Dental Hygienist