KANSAS DEPARTMENT FOR CHILDREN AND FAMILIES
FOSTER CARE AND RESIDENTIAL FACILITY LICENSING DIVISION
555 South Kansas Avenue ● 2nd Floor ● Topeka, KS 66603
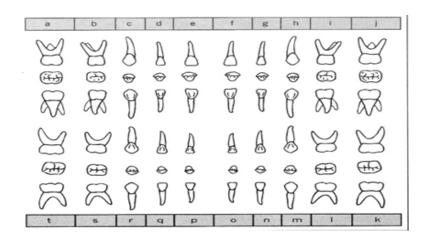Fax: (785)296-5937
Website: http://FosterLicensing.dcf.ks.gov

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CONTINUOUS DENTAL RECORD FOR CHILDREN IN FOSTER CARE

Name of Child	**Age**	**Name of Home/Facility**

Legend:

Filling Present	Fill in with black	**Missing Teeth**	Indicate with large black M
Decay	Indicate in red	**Teeth Indicated for Extraction**	Indicate with large red X
Sealants Present	Indicate with black S	**Teeth Extracted**	Indicated with large black X

Urgent Treatment Needed Tooth #s:_____

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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: Supernumerary Teeth:
Soft Tissue Lesions: 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

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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