

Results of Infant/Toddler Dental Health Screening

(This result is for infants/toddlers between 18 months to 29 months of age.)

Name		Residential ID No.	- 3(4)
Address		Contact information	

Screening test results

(Dental) medical history	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Oral health habits	Sugar intake	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Awareness about oral health	<input type="checkbox"/> No	<input type="checkbox"/> Yes		Oral hygiene	<input type="checkbox"/> No	<input type="checkbox"/> Yes
				Use of fluoride	<input type="checkbox"/> No	<input type="checkbox"/> Yes

Oral examination results

Section	Disease	List	Results	Note																											
Tooth test	Dental caries (cavity)	Teeth condition <table><tr><td>55</td><td>54</td><td>53</td><td>52</td><td>51</td><td>61</td><td>62</td><td>63</td><td>64</td><td>65</td></tr><tr><td>85</td><td>84</td><td>83</td><td>82</td><td>81</td><td>71</td><td>72</td><td>73</td><td>74</td><td>75</td></tr></table> <Indication> Cavity: ● Cavity suspected: ○ Repaired: F										55	54	53	52	51	61	62	63	64	65	85	84	83	82	81	71	72	73	74	75
		55	54	53	52	51	61	62	63	64	65																				
		85	84	83	82	81	71	72	73	74	75																				
		Dental caries	<input type="checkbox"/> No	<input type="checkbox"/> Yes	※ Milk tooth caries incident rate (2006/%) <table><tr><td></td><td>Total</td><td>Boy</td><td>Girl</td></tr><tr><td>2 yrs</td><td>13</td><td>9</td><td>32</td></tr><tr><td>3 yrs</td><td>27</td><td>15</td><td>23</td></tr></table> (Ministry of Health and Welfare. 2006 National Oral Health Survey data in 2007) ※ List of examination ① Dental caries: tooth with cavity. ② Proximal caries suspected tooth: Interdental cavity suspected tooth. ③ Repaired tooth: Tooth repaired by capping with gold, resin, or amalgam to remedy cavity.		Total	Boy	Girl	2 yrs	13	9	32	3 yrs	27	15	23														
			Total	Boy		Girl																									
2 yrs	13	9	32																												
3 yrs	27	15	23																												
Proximal caries suspected tooth	<input type="checkbox"/> No	<input type="checkbox"/> Yes																													
Repaired tooth	<input type="checkbox"/> No	<input type="checkbox"/> Yes																													
Examination of other parts																															
Dental health test	Dental caries	Residual food and dental plaque	<input type="checkbox"/> Excellent <input type="checkbox"/> Fair <input type="checkbox"/> Needs improvement																												

Results and Recommendation

Results		<input type="checkbox"/> Normal A <input type="checkbox"/> Normal B <input type="checkbox"/> Observe caution <input type="checkbox"/> Needs treatment		
Recommendation	Dental health education needed	Follow-up management required		Additional recommendation
	<input type="checkbox"/> Sugar intake (nutrition) <input type="checkbox"/> Oral hygiene <input type="checkbox"/> Use fluoride	<input type="checkbox"/> Detailed oral examination (e.g., radiation test, etc.) <input type="checkbox"/> Professional oral hygiene needed. <input type="checkbox"/> Special prevention (filling, coating fluoride, etc.) <input type="checkbox"/> Oral disease treatment (dental caries, etc.)		
Explanation of results				

Dental institution code		Examining clinic		Examining dentist	(signature)
Examination date		year	month	date	License No.

※ This dental health screening is designed to detect and treat cavities. Therefore, not all diseases can be identified from this screening. It is advised to consult with a dentist as recommended.