

## Hasil Pemeriksaan Kesehatan Bayi/Anak

(Hasil ini adalah untuk bayi/anak berusia antara 54 hingga 65 bulan.)

|        |  |                  |        |
|--------|--|------------------|--------|
| Nama   |  | Nomor Identitas  | - 3(4) |
| Alamat |  | Informasi kontak |        |

### Hasil tes pemeriksaan

|  |                                |                             |                                 |                     |                                |                             |
|--|--------------------------------|-----------------------------|---------------------------------|---------------------|--------------------------------|-----------------------------|
| <b>Riwayat kesehatan (gigi)</b>          | <input type="checkbox"/> Tidak | <input type="checkbox"/> Ya | <b>Kebiasaan kesehatan gigi</b> | Asupan gula         | <input type="checkbox"/> Tidak | <input type="checkbox"/> Ya |
| <b>Kesadaran tentang kesehatan mulut</b> | <input type="checkbox"/> Tidak | <input type="checkbox"/> Ya |                                 | Kebersihan gigi     | <input type="checkbox"/> Tidak | <input type="checkbox"/> Ya |
|  |                                |                             |                                 | Penggunaan fluorida | <input type="checkbox"/> Tidak | <input type="checkbox"/> Ya |

### Hasil pemeriksaan mulut

| Bagian   | Penyakit                          | Daftar  | Hasil   | Catatan                         |    |    |    |    |    |    |    |    |       |     |      |       |    |    |    |       |    |    |    |  |  |  |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |  |  |  |    |    |    |  |    |  |  |  |  |
|--|-----------------------------------|---|---|---------------------------------|----|----|----|----|----|----|----|----|-------|-----|------|-------|----|----|----|-------|----|----|----|--|--|--|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|--|--|--|--|----|----|----|--|----|--|--|--|--|
| Tes gigi   | Karies gigi (lubang gigi)         | Kondisi gigi  |   |                                 |    |    |    |    |    |    |    |    |       |     |      |       |    |    |    |       |    |    |    |  |  |  |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |  |  |  |    |    |    |  |    |  |  |  |  |
|  |                                   | <table><tr><td colspan="4"></td><td>12</td><td>11</td><td colspan="2">21</td><td>22</td><td colspan="4"></td></tr><tr><td>16</td><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><td>26</td></tr><tr><td>46</td><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><td>36</td></tr><tr><td colspan="4"></td><td>42</td><td>41</td><td colspan="2">31</td><td>32</td><td colspan="4"></td></tr></table> |   |                                 |    |    |    |    |    |    |    |    |       |     |      |       |    | 12 | 11 | 21    |    | 22 |    |  |  |  | 16 | 55 | 54 | 53 | 52 | 51 | 61 | 62 | 63 | 64 | 65 | 26 | 46 | 85 | 84 | 83 | 82 | 81 | 71 | 72 | 73 | 74 | 75 | 36 |  |  |  |  | 42 | 41 | 31 |  | 32 |  |  |  |  |
|  |                                   |   |   |                                 |    | 12 | 11 | 21 |    | 22 |    |    |       |     |      |       |    |    |    |       |    |    |    |  |  |  |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |  |  |  |    |    |    |  |    |  |  |  |  |
|  |                                   | 16  | 55  | 54                              | 53 | 52 | 51 | 61 | 62 | 63 | 64 | 65 | 26    |     |      |       |    |    |    |       |    |    |    |  |  |  |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |  |  |  |    |    |    |  |    |  |  |  |  |
|  |                                   | 46  | 85  | 84                              | 83 | 82 | 81 | 71 | 72 | 73 | 74 | 75 | 36    |     |      |       |    |    |    |       |    |    |    |  |  |  |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |  |  |  |    |    |    |  |    |  |  |  |  |
|  |                                   |   |   | 42                              | 41 | 31 |    | 32 |    |    |    |    |       |     |      |       |    |    |    |       |    |    |    |  |  |  |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |  |  |  |    |    |    |  |    |  |  |  |  |
| < Indikasi > Lubang gigi: ● Diduga lubang gigi: ○ Diperbaiki: F Tambal: Se |                                   |   |   |                                 |    |    |    |    |    |    |    |    |       |     |      |       |    |    |    |       |    |    |    |  |  |  |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |  |  |  |    |    |    |  |    |  |  |  |  |
| Karies gigi  | <input type="checkbox"/> Tidak    | <input type="checkbox"/> Ya   | ※ Tingkat insiden karies gigi susu (2006/%)   |                                 |    |    |    |    |    |    |    |    |       |     |      |       |    |    |    |       |    |    |    |  |  |  |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |  |  |  |    |    |    |  |    |  |  |  |  |
| Gigi diduga mengalami karies proksimal:                                    | <input type="checkbox"/> Tidak    | <input type="checkbox"/> Ya   | <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>   |                                 |    |    |    |    |    |    |    |    | 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  |                                 |    |    |    |    |    |    |    |    |       |     |      |       |    |    |    |       |    |    |    |  |  |  |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |  |  |  |    |    |    |  |    |  |  |  |  |
| Gigi yang diperbaiki   | <input type="checkbox"/> No Tidak | <input type="checkbox"/> Ya   | (Kementerian Kesehatan dan Kesejahteraan. 2006 Data Survei Kesehatan Mulut Nasional pada tahun 2007)  |                                 |    |    |    |    |    |    |    |    |       |     |      |       |    |    |    |       |    |    |    |  |  |  |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |  |  |  |    |    |    |  |    |  |  |  |  |
| Gigi berisiko karies   | <input type="checkbox"/> Tidak    | <input type="checkbox"/> Ya   | ※ Daftar pemeriksaan<br>① Karies gigi: gigi berlubang.<br>② Gigi diduga mengalami karies proksimal: Gigi diduga berlubang interdental.<br>③ Gigi yang diperbaiki dengan ditambal dengan emas, resin, atau amalgam untuk menyembuhkan gigi berlubang.<br>④ Gigi berisiko karies: Gigi dengan risiko tinggi pembusukan, di mana lubangnya perlu ditambal. |                                 |    |    |    |    |    |    |    |    |       |     |      |       |    |    |    |       |    |    |    |  |  |  |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |  |  |  |    |    |    |  |    |  |  |  |  |
| Pemeriksaan bagian lain  |                                   |   |   |                                 |    |    |    |    |    |    |    |    |       |     |      |       |    |    |    |       |    |    |    |  |  |  |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |  |  |  |    |    |    |  |    |  |  |  |  |
| Tes kesehatan gigi   | Karies gigi                       | Sisa makanan dan plak gigi  | <input type="checkbox"/> Sangat baik  | <input type="checkbox"/> Sedang |    |    |    |    |    |    |    |    |       |     |      |       |    |    |    |       |    |    |    |  |  |  |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |  |  |  |    |    |    |  |    |  |  |  |  |
|  |                                   |   | <input type="checkbox"/> Perlu perbaikan  |                                 |    |    |    |    |    |    |    |    |       |     |      |       |    |    |    |       |    |    |    |  |  |  |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |  |  |  |    |    |    |  |    |  |  |  |  |

### Hasil dan Rekomendasi

|                         |   |   |                                     |
|-------------------------|---|---|-------------------------------------|
| <b>Hasil</b>            |   | <input type="checkbox"/> Normal A <input type="checkbox"/> Normal B <input type="checkbox"/> Perlu perhatian <input type="checkbox"/> Perlu perawatan   |                                     |
| <b>Rekomendasi</b>      | <b>Kesehatan gigi perlu edukasi</b>   | <b>Perlu manajemen tindak lanjut</b>  | <b>Kesehatan gigi perlu edukasi</b> |
|                         | <input type="checkbox"/> Asupan gula (nutrisi)<br><input type="checkbox"/> Kebersihan mulut<br><input type="checkbox"/> Penggunaan fluorida | <input type="checkbox"/> Pemeriksaan mulut terperinci (misalnya, tes radiasi dll.)<br><input type="checkbox"/> Perlu tenaga kebersihan mulut profesional.<br><input type="checkbox"/> Pencegahan khusus (tambal, lapisan fluorida, dll.)<br><input type="checkbox"/> Perawatan penyakit mulut (karies gigi, dll.) |                                     |
| <b>Penjelasan hasil</b> |   |   |                                     |

|                     |                  |                  |                  |                  |                  |
|---------------------|------------------|------------------|------------------|------------------|------------------|
| Penjelasan hasil    | Penjelasan hasil | Penjelasan hasil | Penjelasan hasil | Penjelasan hasil | Penjelasan hasil |
| Tanggal pemeriksaan | (tahun)          | (bulan)          | (tanggal)        | No. Izin.        |                  |

※ Pemeriksaan kesehatan gigi ini dirancang untuk mendeteksi dan mengobati gigi berlubang. Oleh karena itu, tidak semua penyakit dapat diidentifikasi dari pemeriksaan ini. Disarankan untuk berkonsultasi dengan dokter gigi sebagaimana direkomendasikan.