



August 2009

Dear Parents and/or Guardians:

House File 906, which became effective July 1, 2008, requires all kindergarten students and out-of-state transfer students to have a dental screening completed by a health care provider. The purpose of the dental screening requirement is to improve the oral health care of Iowa's children.

To comply with this new requirement, your student must provide a certificate of dental screening. Enclosed with this letter is the Iowa Department of Public Health Certificate of Dental Screening form. Please have your child's health care provider complete this form and return it to the school. Please return the form to the attention of your child's school nurse. The district is requesting that the form be returned as soon as possible.

If your child/family does not have a health care provider or has difficulty obtaining a screening certificate, please contact Brianna Boswell, the I-Smile Coordinator for Scott County. Brianna may be reached at 563-326-8645 or bboswell@scottcountyiowa.com.

Thank you for your attention to and timely completion of this request.

Sincerely,

Cyndy Behrer
Assistant Superintendent



Iowa Department of Public Health CERTIFICATE OF DENTAL SCREENING

**This certificate is not valid unless all fields are complete.
RETURN COMPLETED FORM TO CHILD'S SCHOOL.**

Student Information (please print)

Student Last Name:	Student First Name:	Birth Date (M/D/YYYY):
Parent or Guardian Name:		Telephone (home or mobile):
Street Address:	City:	County:
Name of Elementary or High School:	Grade Level:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female

Screening Information (health care provider must complete this section)

Date of Dental Screening: _____

Treatment Needs (check ONE only based on screening results, prior to treatment services provided):

- No Obvious Problems** – the child’s hard and soft tissues appear to be visually healthy and there is no apparent reason for the child to be seen before the next routine dental checkup.
- Requires Dental Care** – tooth decay¹ or a white spot lesion² is suspected in one or more teeth, or gum infection³ is suspected.
- Requires Urgent Dental Care** – obvious tooth decay¹ is present in one or more teeth, there is evidence of injury or severe infection, or the child is experiencing pain.

¹ Tooth decay: A visible cavity or hole in a tooth with brown or black coloration, or a retained root.
² White spot lesion: A demineralized area of a tooth, usually appearing as a chalky, white spot or white line near the gumline. A white spot lesion is considered an early indicator of tooth decay, especially in primary (baby) teeth.
³ Gum infection: Gum (gingival) tissue is red, bleeding, or swollen.

Screening Provider (check ONE only):

DDS/DMD RDH MD/DO PA RN/ARNP (High school screen must be provided by DDS/DMD or RDH)

Provider Name: (please print) _____ Provider Business Phone: _____

Provider Business Address: _____

Signature and Credentials of Provider or Recorder*: _____ Date: _____

*Recorder: An authorized provider (DDS/DMD, RDH, MD/DO, PA, or RN/ARNP) may transfer information onto this form from another health document. The other health document should be attached to this form.

A screening does not replace an exam by a dentist.
 Children should have a complete examination by a dentist at least once a year.
RETURN COMPLETED FORM TO CHILD'S SCHOOL.

Iowa Department of Public Health • Oral Health Bureau
 515-281-3733 • 866-528-4020 • www.idph.state.ia.us/hpcdp/oral_health.asp

A designee of the local board of health or Iowa Department of Public Health may review this certificate for survey purposes.