



Semper Dental

"always looking after your oral hygiene"

**THANK YOU FOR SENDING YOUR CHILD TO OUR DENTAL SERVICE
PLEASE SEE BELOW YOUR CHILD'S TREATMENT PLAN**

School:		DATE:	
Name:		DOB:	GRADE:
Medicare:	ELIGIBLE	Parent/Guardian Consent	YES
Provider:			
Medical History	CHECKED		
Allergies:	NO	Latex Allergy:	NO
Milk/Lactose Allergy:	NO	Asthma/Breathing Difficulties	NO
DENTIST EXAMINATION			
Extra Oral:	N/A		
Oral hygiene:	GOOD FAIR POOR - generalised plaque present, some calculus deposits lingual of lower incisors		
Occlusion:	CLASS		
Teeth Charted:			
Decayed:	N/A		
Restored:	N/A		
Tooth for extraction:	N/A		
Watch/Monitor:	N/A		
Other:	N/A		
DIAGNOSIS	Oral hygiene instruction given		
	Mild Chronic Marginal Gingivitis		
	Malocclusion noted – Further assessment advised / to monitor		
	Molar-Incisor Hypomineralisation noted - Further assessment advised / to monitor		
	Developing dentition as charted with		
TREATMENT PROVIDED	Instrument tracking no:		D/KIT USED SC:
	88011: Oral examination		
	88111: Removal of plaque		
	88114: Removal of calculus (first appoint) – Debridement given		
	88121: Topical application of remineralization and/ or Cariostatic agent (one treatment) Remin Pro		
	88161: Fissure sealing/ tooth surface sealing		
PARENT AND GUARDIAN INFORMATION BELOW			
➤ Your child is doing a good job with brushing, keep up the great work.			
➤ Please monitor your child to improve oral hygiene, ensure brushing is twice a day morning and night for at least 2 minutes.			
➤ Please visit your local dentist for management of caries, Diagnostic X-Ray and preventive treatment - Including an assessment of malocclusion.			
➤ Please visit your local dentist for early assessment of malocclusion.			
➤ An orthodontic assessment is advised - please make an appointment with an orthodontist of your choice (you do not need a referral from a dentist, but additional costs may be incurred for an orthodontic examination).			
➤ Advised Regular check-ups every 6 months with School or Local dentist to monitor developing dentition.			
PLEASE TAKE THIS REPORT TO THE LOCAL DENTIST FOR FURTHER TREATMENT			
IF YOU WISH PLEASE VISIT YOUR ORTHODONTIST FOR A CONSULTATION			
PARENT NOTES			