



On \_\_\_\_\_ your child \_\_\_\_\_  
was examined by the dentist from SEAL INDIANA, the mobile dental sealant program from Indiana University School of Dentistry. **This is a report of that visit.**

**1. Your child's dental decay treatment needs:**

- No obvious dental decay. Please continue with regular dental examinations.
- Dental decay may be present but cannot be confirmed without x-rays. Please take your child to a dentist for a complete examination with x-rays.
- Dental decay was detected. Please make an appointment with a local dentist for follow-up treatment.
- Severe dental decay was detected. Please make an appointment with a local dentist immediately.
- Your child is experiencing pain and/or infection and needs an immediate appointment with a local dentist.

**2. Your child and dental sealants:**

- Your child received dental sealants on \_\_\_\_\_ teeth. The sealants will protect the biting surface of back teeth from dental decay. You will be able to see the sealants because they have an opaque, white appearance.
- Your child did not receive sealants because:
  - incomplete tooth eruption (try later)     decay present     sealants already present
  - could not keep teeth dry     not able to cooperate     other:
- The sealants placed by SEAL INDIANA at a previous visit were examined.
  - All were intact     \_\_\_ were intact     \_\_\_ were repaired     \_\_\_ were replaced.

**Please note:** If you did not sign a new consent for treatment but your child received sealants last year, any defective sealants were repaired/replaced without charge. No additional services were provided.

**3. Fluoride Varnish Treatment:**

- Your child received a fluoride treatment that was painted on his/her teeth. This varnish is an effective treatment that remains on the teeth longer than fluoride gel treatments. While it remains on the teeth, they may appear yellow. This color will disappear over several hours and will brush away with normal tooth brushing.

**4. Your child's oral hygiene, prevention and other treatment needs:**

- Your child has good oral hygiene. Keep up with the good work.
- Your child has fair oral hygiene and needs to brush more often and/or better.
- Your child has poor oral hygiene and needs assistance in brushing more often and/or better.

**Notes from the SEAL INDIANA Dentist:**

**5. The cost of your child's treatment:**

- Medicaid or Hoosier Healthwise will be billed for your child's dental services.
- Your child's dental services were provided under a SEAL INDIANA grant from \_\_\_\_\_.
- You will receive a bill from Indiana University School of Dentistry for \$\_\_\_\_\_ for your child's dental services. The Medicaid fee for these services would have been \$\_\_\_\_\_.

**Questions?**

If you need help finding a dentist, ask the school nurse or call the **Indiana Family Helpline: 800.433.0746**.  
For information about free dental/medical insurance for children, call **Indiana Hoosier Healthwise: 800.889.9949**.  
**If you have questions about this report, please call SEAL INDIANA at 317.278.0750.**