



OFFICE OF PROFESSIONAL REGULATION

VERMONT SECRETARY OF STATE

89 Main Street, 3rd Floor, Montpelier, VT 05620
802-828-1505 | sos.vermont.gov/opr

Dental Examiners Report of Dental Findings

Applications are submitted through the [Online Services System](#). Official documentation can be sent by postal mail or by email to SOS.OPRLicensing3@vermont.gov. Check appropriate selection below and sign document before providing to child's parent/guardian.

Child's Name _____ Date _____

The Registered Dental Hygienist has done a visual inspection of the teeth and documented the findings. The results of this inspection show that:

A completed check up at the dental office that may include cleaning, x-rays or exam is recommended _____

An exam to check for possible cavities/decay is needed _____

An emergency appointment for obvious decay/infection is needed _____

Applied Silver Diamine Flouride (SDF) to the following teeth _____. This treatment should be repeated within the next six months. Contact your family dentist for definite treatment. Please see the SDF Informed Consent Form for additional information about the SDF treatment. _____

Applied fluoride varnish to all teeth _____

This visual inspection by the dental hygienist was **not** a complete dental examination. More information about your child's dental health can be obtained by seeing a dentist. We recommend that all children see a dentist starting at age one and continue at least once a year.

Signature of Hygienist

