			The oral health care you received today
Date:			was provided by:
Dear Parent or guardian of _	(student's name)	,	Miles of Smiles, Ltd.
A dentist, Dr, saw your child today.		d today.	
The dentist gave your child:			
Dental Exam Cleaning Fluoride (OK to eat immediately; Wait until tomorrow to brush)	The case manager for MILES OF SMILES, LTD will be contacting you for follow-up care information. If you don't receive a call from us, please contact us at 309-382-6406. *If you see a dentist regularly, please continue with them for your oral health care & x-rays!		
Dental sealants (List Teeth)	All Kids online application & forms: https://www.illinois.gov/hfs/MedicalPrograms/AllKids/Pages/application.aspx All Kids Hotline: 1-866-ALL-KIDS (1-866-255-5437)		
This is what the dentist saw today. The picture shows where decay is. The other box shows more about your child's teeth and gums.			
 1 - No visual signs of decay—See your dentist twice a year. Keep brushing and flossing every day. Please remember: This school oral health visit does not take the place of regular dental visits. 2 - Cavity/cavities—Your child needs check-up for fillings or crowns. Go to dentist soon. 3 - Dental disease—Go to dentist now! Your child may have a toothache. 			
Your child has a cavity or cavities. No Oral Hygiene (How clean the teeth are):		2030	5 0 0 0 0 0 0 1 12 13 14 15 16 16
Good Fair Poor			
Periodontal Status (He Good Fair	Poor Poor Poor Poor Poor Poor Poor Poor		
Thank you for helping your child have healthy teeth and gums! Oral health is an important part of overall health. If you have any questions about your child's visit today, or to get records, please call:			
MILES OF SMILES, LTD			at <u>(309) – 382 – 6406</u> .
Address: 2424 N 8 TH ST, PEKIN, IL 61554-1547			nse Number
Notes:		Since	erely,
		(Dentist'	's signature)