



7. All planned treatment \_\_\_\_\_ is \_\_\_\_\_ is not complete. If not complete, explain why below and summarize any transition plan developed.

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<b>DENTAL TREATMENT PRIORITY GROUPS:</b>	
A. <u>VERY URGENT</u>	<ul style="list-style-type: none"> <li>• Pain or acute infection</li> <li>• Suspected neoplasms</li> <li>• Caries into or near the pulp</li> <li>• Teeth requiring extractions</li> <li>• Disfiguring conditions including decayed anterior teeth</li> </ul>
B. <u>MODERATELY URGENT</u>	<ul style="list-style-type: none"> <li>• Chronic/sub periodontal conditions</li> <li>• Heavy calculus</li> <li>• Extensive penetration of caries into dentin</li> <li>• Space maintenance for children</li> </ul>
C. <u>NON URGENT</u>	<ul style="list-style-type: none"> <li>• Treatment that can be postponed a period of time</li> <li>• Incipient caries</li> </ul>
D. <u>PREVENTIVE ONLY</u>	<ul style="list-style-type: none"> <li>• Prophylaxis</li> <li>• Topical fluoride application</li> <li>• Pit and fissure sealants</li> </ul>
E. <u>NO FUTHER SERVICES NEEDED AT THIS TIME</u>	

Completed by dentist at time of exam and continued as treatment is done.  
 (See instructions in Migrant Health Interagency Agreement.)