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**P-5 Path Primary Care Hygiene Screening Visit**

\*\*\*\*\*\*\*\*\*\* here for a dental screening.

PT seen in primary care visit by EPDH.

**CC:** No chief complaint on file.

**HX:** EHR reviewed and updated with patient's guardian

**TX:\*\*\***

**SCREENING FINDINGS:**

IO/EO exam: No significant findings

**Caries**: {YES NO:18689}

Teeth with caries: \*\*\*

**Fillings**: {YES NO:18689}

Teeth with fillings: \*\*\*

**Missing**: {YES NO:18689}

Missing teeth: \*\*\*

**Treatment urgency rating**: {0, 1, 2:20747}

**CARIES RISK ASSESSMENT:**

|  |
| --- |
| No data to display |

Caries risk factors: {Child has one or more cavity risk factors:20007}

Caries risk and Activity Level: {Caries Risk and Activity level:20008}

**EDUCATION AND GOALS:**

OHI: Parent reports the following home care: \*\*\*

OHI reviewed with parent: {SA49 Oral Hygiene Instruction:19462}.

Nutritional counseling: {SA49 Nutritional Counseling:19461}.

Fluoride Source: \*\*\*

Parent was given the following oral hygiene tools: {SA49 Oral Hygiene handouts:19463}

|  |
| --- |
| **Goals** |

None

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| --- |
|  |

**PARQ**

**NEXT VISIT AND/OR REFERRALS:**

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Rachel Broderick, EPDH