Monthly Return - School Dental Clinics

School Dental Clinic: **MOH area:** **RDHS area:** **Month/Year:**

Examinations			1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total
1.1	Grade 1 (target group)	Children Screened																																
1.2		Children Healthy																																
1.3		Children with Caries																																
1.4		Children with Caries in Primary Molars																																
1.5		Children with Calculus																																
1.6		Children Identified as High Risk																																
1.7		Children Treatment Completed																																
2.1	Grade 4 (target group)	Children Screened																																
2.2		Children Healthy																																
2.3		Children with Caries																																
2.4		Children with Caries on Permanent Teeth																																
2.5		Children with Calculus																																
2.6		Children Treatment Completed																																
3.1	Grade 7 (target group)	Children Screened																																
3.2		Children Healthy																																
3.3		Children with Caries on Permanent Teeth																																
3.4		Children with 'DMFT' > 0																																
3.5		Children with Calculus																																
3.6		Children Treatment Completed																																
3.7		Children Resto. Completed (perm)																																
3.8		Children Scaling Completed																																
4.1	Other (target group)	Children Screened																																
4.2		Children Healthy																																
4.3		Children Treatment Completed																																
5.1	Pre-school	Children Screened																																
5.2		Children Healthy																																
5.3		Children Identified as High Risk																																
5.4		Children Received Fluoride Varnish 1st time																																
5.5		Children Received Fluoride Varnish 2nd time																																
5.6		Children Treatment Completed																																

	Treatments			1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total
6	Casual Patients Treated																																		
7	Children with Dental Fluorosis																																		
8	Children with Malocclusion																																		
9.1	Fissure Sealants (no. of teeth)																																		
9.2	Fissure Sealants (no. of children)																																		
10.1	Restorations	Temporary																																	
10.2	Restorations	GIC	Deciduous Teeth																																
10.3	Restorations	GIC	Permanent Teeth																																
11	Full Mouth Scaling																																		
12	Other Treatments																																		
13	Referrals																																		
14.1	Number of Children Seen in the Clinic																																		
14.2	Number of Children Seen in the Field																																		
14.3	**Total no of Children Seen**																																		
15.1	Oral Health Education	Target	Group																																
15.2	Oral Health Education	Target	Mass																																
15.3	Oral Health Education	Non-target	Group																																
15.4	Oral Health Education	Non-target	Mass																																
16.1	Supervisory Visits		RDS																																
16.2	Supervisory Visits		SSDT																																
16.3	Supervisory Visits		MOH																																
16.4	Supervisory Visits		Other																																

Comments:

No. of outreach clinics attended: Target group: ☐ Outside target: ☐

Allocated schools screened ☐ Allocated schools completed ☐

No. of days worked: ☐ No. of days on leave: ☐

Prepared by: _____

Date _____

Certified by: _____

Date: _____

Note: The monthly return should be prepared by all School Dental Therapists and certified by MOH. It should be prepared in triplicate, the first copy should be sent to RDHS Office, second to the MOH, and the third filed in the clinic.