Quarterly/Annual Return - School Dental Clinics

School Dental Clinic: …… **Quarter/Year:** ……

MOH Division: …… **RDHS Division:** ……..

1. Allocated schools

		>200	<200	Total
A	No of Schools in the MOH			
B	No of schools allocated within the MOH			
C	No of schools allocated outside the MOH			
D	No of PreSchools allocated			

2. Target Group allocated

No. of children		Base school	Feeder schools	Total
E	Grade1			
F	Grade 4			
G	Grade 7			
H	Other grades			
I	**Total**			
J	Pre-schools			

3. Work Performances

			Month / Quarter				Total
1.1	Garde 1 (target group)	Children Screened					
1.2		Children Healthy					
1.3		Children with Caries					
1.4		Children with Calculus					
1.5		Children Treatment completed					
2.1	Grade 4 (target group)	Children Screened					
2.2		Children Healthy					
2.3		Children with Caries					
2.31		Children with Caries on permanent teeth					
2.4		Children with Calculus					
2.5		Children Treatment completed					
3.1	Grade 7 (target group)	Children Screened					
3.2		Children Healthy					
3.3		Children with Caries on permanent teeth					
3.31		Children with 'DMFT' > 0					
3.4		Children with Calculus					
3.5		Children Treatment completed					
3.51		Children Resto. completed (permanent teeth)					
3.52		Children Scalings Completed					
4.1	Other (target grp)	Children Screened					
4.2		Children Healthy					
4.5		Children Treatment completed					
5.1	Preschool	Children Screened					
5.2		Children Healthy					
5.5		Children Treatment completed					
6	Casual patients treated						
7	Children with Dental Fluorosis						
8	Children with Malocclusion						

				Month / Quarter				Total
9.1	Fluoride application (no. of children)							
9.2	Fissure Sealants (no. of teeth)							
10.1	Restorations	Temporary						
10.2		Amalgam	Deciduous teeth					
10.3			Permanent teeth					
10.4		GIC	Deciduous teeth					
10.5			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 number of chidren seen							
15.1	Oral health promotion		No. of Children					
15.2			No. of Parents					
15.3			No. of Teachers					
15.4			Other categories					
15.5			No. of sessions					
16.1	Supervision		RDS					
16.2			SSDT					
16.3			MOH					
16.4			Other					
17.1	No. of Out-reach clinics attanded		Target group					
17.2			Outside target					
18.1	Allocated schools screened							
18.2	Allocated schools completed							
19.1	Numer of days worked							
19.2	Number of days on leave							

4. Material stocks

	At the beginning of the Quarter	Amount Received	Amount used	Balance at the end of the Quarter
ZnO				
Euginol				
ZnPO4				
GIC				
Alloy				
Mercury				
Other				

5. Comments

Prepared by: Name: …….. Designation ……..

Signature …….. Date …….

Certified by: Name: …….. Designation …….

Signature …….. Date …….

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