

Ohio Department of Health Patient Record — Sealant Record

Last name	First name	MI	Date of birth / /
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School code	Date / /	2	3	4	5	12	13	14	15
Grade	RDH initials	31	30	29	28	21	20	19	18
Tx needs code		Comments							

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KEY

- NP Tooth Not Present
- FL Restored, Filled, Capped
- PE Partially Erupted
- DE Cavitated caries lesion
- DE/NS Caries lesion/Needs Sealant
- OS Old Sealant (previously applied by program)
- NS Needs Sealant (to be applied)
- AO Partially Retained Sealant (Add on)
- XX Sealed elsewhere (teeth were sealed by personal dentist or another program)
- LS Lost Sealant (previously applied by program)
- US Unsealable (code only for smooth buccal pits and lingual grooves)

Treatment Needs Code

- 0** No obvious need
- 1** Need for early Tx
- 2** Need for immediate Tx