## MDHHS-6067, KINDERGARTEN ORAL HEALTH ASSESSMENT

Michigan Department of Health and Human Services (MDHHS) (New 8-23)

SECTION 1 – STUDENT INFORMATION	
Child's Name (Last, First, Middle)	Date of Birth
Address (Number, Street, City, Zip Code)	Home/Cell Phone Number
Parent/Guardian Name (Last, First, Middle)	Parent/Guardian Email
School Name	
SECTION 2 – DENTAL EXAM OR ASSESS (Licensed dental professional must comp	
Date of Service	Type of Service ☐ Dental Exam ☐ Dental Assessment
Findings (Check all that apply)	Recommendations (Check <b>one</b> )
☐ No findings	Routine care
Treated decay	Referral for dental treatment
☐ Untreated decay	☐ Referral for urgent dental care
Provider Type (Check <b>one</b> )	entist
Provider Signature	Agency/Local Health Department
Provider Name (Print)	Phone Number
Additional Comments	
The Michigan Department of Health and Hu	man Services (MDHHS) does not discriminate against any
individual or group on the basis of race, nati	ional origin, color, sex, disability, religion, age, height, weight, enetic information. Sex-based discrimination includes, but is

not limited to, discrimination based on sexual orientation, gender identity, gender expression, sex

characteristics, and pregnancy.