

Child's name	
Date of birth of the child	
Male or female	

Targets: Children who were born from April 2015 to March 2018
 Period: June 1 to December 25, 2021



Sheet for the "FY2021 'Sukoyaka-chan' Fluorination"

- Children who become four, five and six years old are entitled to use this sheet once during the specified period.
- Fill in the items within the heavy-line frame and bring the sheet to the medical institution on the list you reserved to receive the service.

● Please answer about the child to receive the service.

1. Does the child have a specified family dentist?

- (1) Yes (2) No

↓

Answer the following question for the child who chose (1)

(Choose all that apply):

What service you received at the family dentist?

- a) Treatment b) Fluorine application
 c) Sealant d) Checkup
 e) Others ()

2. How often does the child eat sweets per week?

- (1) Almost everyday (2) Three or four days per week
 (3) One or two days per week (4) Almost nothing

3. How often does the child take sweet drinks per week?

- (1) Almost everyday (2) Three or four days per week
 (3) One or two days per week (4) Almost nothing

4. How often does the child do teeth brushing after snacking?

- (1) Every time (2) Almost every time
 (3) Sometimes (4) Never

5. Does the toothpaste contain fluoride?

- (1) Yes (2) No
 (3) I don't know (4) The child doesn't use any toothpaste

6. Do you have any allergies?

- (1) No
 (2) Yes (Specifically:)

7. Please write down any additional information that you may have before the checkup.

()

8. Do you like the child to get a fluorine application?

(Answer this question after receiving an explanation about the fluorine application from the dentist)

(Yes ▪ No)

Date: (Date and month) , 2021

Signature of the guardian

Phone number ()

[Results of the dental checkup]

※使用記号は【歯科健診所見】欄参照
 ※欠損・未萌出は空欄
 ※ (—) の記号は使用しない

6	5	4	3	2	1	1	2	3	4	5	6
	E	D	C	B	A	A	B	C	D	E	
	E	D	C	B	A	A	B	C	D	E	
6	5	4	3	2	1	1	2	3	4	5	6

☆ Results of the dental checkup and instructions

(Choose all that apply)

1. Nothing abnormal detected.
2. There are tooth/teeth requiring regular careful observation (CO).
3. There are untreated cavity / cavities (C).
4. A baby tooth / teeth remain(s) where a new adult tooth / teeth is cutting.
5. Take care about the teeth alignment and occlusion.
6. Carefully brush the parts where brushing is difficult (ex.: parts between teeth, and borders between teeth and gums).
7. Don't take too much snacks.
8. Others ()

[Findings of the dental checkup]

	Baby tooth	Adult tooth
Healthy teeth (/)		
Tooth requiring careful observation (CO)		
Untreated cavity (C)		
Treated cavity (○)		
Lost teeth by decay (△)		
Baby teeth with a succeeding adult teeth erupting (×)		
Oral prophylaxis status	Good / Average / Bad	
Other notes	

Status of the fluorine application

1. The application was performed.
2. The application wasn't performed.

Medical institution in charge

Name:
 Address:
 Tel:
 Dentist name: