



The Teeth Team Tooth Brushing and Fluoride Varnish Programme

DURAPHAT

D

M

F

S

SCHOOL

DATE

DENTIST

| CHILD NAME | | | | | | | | AGE | | | | | | | | | | |
|------------|---|---|---|---|---|---|---|-----|---|---|---|---|---|---|---|---|----|--|
| UR | | | | | | | | | | | | | | | | | UL | |
| | | | | | | | | | | | | | | | | | | |
| | 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | | |
| | | | | | | | | | | | | | | | | | | |
| LR | | | | | | | | | | | | | | | | | LL | |

| | |
|-----------------------|-----|
| DURAPHAT APPLIED BN - | EXP |
|-----------------------|-----|

DURAPHAT NOT APPLIED – REASON -

ACCESSED

URGENT

KEY

- MISSING TOOTH
- DECAYED TOOTH
- R R RETAINED ROOT
- C R CROWN
- FILLED TOOTH
- P E PARTIALLY ERUPTED