



The Teeth Team Tooth Brushing and Fluoride Varnish Programme

D

M

NO FLUORIDE

F

S

SCHOOL

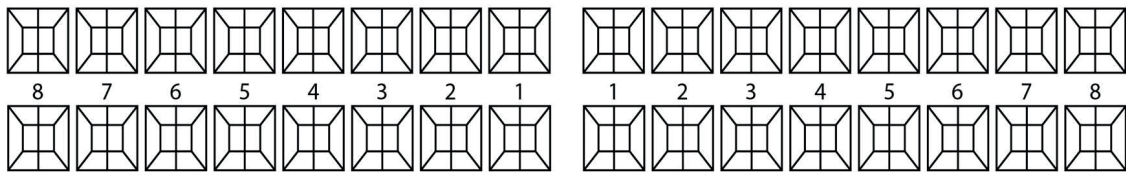
DATE

DENTIST

CHILD NAME

UR

UL



LR

LL

NO FLUORIDE VARNISH TO BE APPLIED – MH, DROPS, GDP, CONSENT
(please circle as appropriate)

ACCESSED

URGENT

KEY

— MISSING TOOTH



DECAYED TOOTH

R R

RETAINED ROOT

C R CROWN



FILLED TOOTH

P E

PARTIALLY ERUPTED