

Ohio Department of Health Patient Record — Sealant Record

Last name	First name	MI	Date of birth / /
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School code	Screening date / /	2	3	4	5	12	13	14	15	Operator's initials
31	30	29	28	21	20	19	18	Date sealed / /		
Grade Examiner's initials Tx needs code										
Comments										

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Comments										

KEY

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|------------------------------------|---|---|
| NP Tooth Not Present | DE/NS Cavitated caries lesion/Needs Sealant | XX Sealed elsewhere (teeth were sealed by personal dentist or another program) |
| FL Restored, Filled, Capped | OS Old Sealant (previously applied by program) | LS Lost Sealant (previously applied by program) |
| PE Partially Erupted | NS Needs Sealant (to be applied) | |
| DE Cavitated caries lesion | AO Partially Retained Sealant (Add on) | |