

F1V: SoV Varnish Treatment Record Form

This form should be completed by the Dental Hygienist at each treatment visit

1. School ID

Section 1: Participants Details

2. Participant ID 3. Initials 4. Date of Birth

5. Gender Male Female

6. Date of Treatment

7. Treatment visit: Baseline 6 month 12month 18month 24month 30month

UPPER RIGHT		UPPER LEFT			
	Yes	No			
8. Varnish applied?	<input type="checkbox"/>	<input type="checkbox"/>	10. Varnish applied?	<input type="checkbox"/>	<input type="checkbox"/>
8a. Varnish tube number:			10a. Varnish tube number		
8b. Varnish 'Use Before' date:			10b. Varnish 'Use Before' date:		
9. If varnish not applied state reason (tick one)			11. If varnish not applied state reason (tick one)		
Tooth unerupted <input type="checkbox"/>			Tooth unerupted <input type="checkbox"/>		
Tooth extracted <input type="checkbox"/>			Tooth extracted <input type="checkbox"/>		
Refused <input type="checkbox"/>			Refused <input type="checkbox"/>		
Other reason (please state) <input type="checkbox"/>			Other reason (please state) <input type="checkbox"/>		
9a.....			11a.....		
12. Varnish applied	<input type="checkbox"/>	<input type="checkbox"/>	14. Varnish applied	<input type="checkbox"/>	<input type="checkbox"/>
12a. Varnish tube number:			14a. Varnish tube number:		
12b. Varnish 'Use Before' date:			14b. Varnish 'Use Before' date:		
13. If varnish not applied state reason (tick one)			15. If varnish not applied state reason (tick one)		
Tooth unerupted <input type="checkbox"/>			Tooth unerupted <input type="checkbox"/>		
Tooth extracted <input type="checkbox"/>			Tooth extracted <input type="checkbox"/>		
Refused <input type="checkbox"/>			Refused <input type="checkbox"/>		
Other reason (please state) <input type="checkbox"/>			Other reason (please state) <input type="checkbox"/>		
13a.....			15a.....		
LOWER RIGHT			LOWER LEFT		

16. Date form completed

17. Completed by
(please sign)

18. Treating Hygienist Initials

For SEWTU use only

Received: Received by: Entered into database:

Entered by: