

FTP: SoV Treatment Plan Form

This form should be completed by the Dental Examiner at Baseline for children eligible for the trial

1. School ID

Section 1: Participants Details

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

5. Gender Male Female

6. Date of Examination

7. Visit Baseline 12month 24month

In accordance with the allocation to treatment group

8. **Either** apply fluoride varnish every six months to

6	6
6	6

(Delete teeth extracted at baseline)

Or apply fissure sealant/repair fissure sealant to

6	6
6	6

(Delete teeth extracted, carious or filled at baseline)

9. Date form completed

10. Completed by
(please sign)