

F2S: SoV Sealant Follow-up Treatment Record Form

This form should be completed by the Dental Hygienist at each follow up 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. Follow-up visit 6 month 12month 18month 24month 30month

UPPER RIGHT	UPPER LEFT
8. Is this tooth in the trial? Yes <input type="checkbox"/> No <input type="checkbox"/>	11. Is this tooth in the trial? Yes <input type="checkbox"/> No <input type="checkbox"/>
9. If yes what is the sealant status (tick one)	12. If yes what is the sealant status (tick one)
Intact <input type="checkbox"/>	Intact <input type="checkbox"/>
Partially intact <input type="checkbox"/>	Partially intact <input type="checkbox"/>
Lost <input type="checkbox"/>	Lost <input type="checkbox"/>
Tooth unerupted / partially erupted <input type="checkbox"/>	Tooth unerupted / partially erupted <input type="checkbox"/>
Tooth extracted <input type="checkbox"/>	Tooth extracted <input type="checkbox"/>
Tooth previously unerupted/not sealed <input type="checkbox"/>	Tooth previously unerupted/not sealed <input type="checkbox"/>
10. Treatment record Yes <input type="checkbox"/> No <input type="checkbox"/>	13. Treatment record Yes <input type="checkbox"/> No <input type="checkbox"/>
Sealant placed/replaced/repaid <input type="checkbox"/>	Sealant placed/replaced/repaid <input type="checkbox"/>
10a. Sealant bottle number	13a. Sealant bottle number
10b. Sealant expiry date	13b. Sealant expiry date
If unable to complete required treatment state reason (e.g. refused)	If unable to complete required treatment state reason (e.g. refused)
10c.....	13c.....
14. Is this tooth in the trial? Yes <input type="checkbox"/> No <input type="checkbox"/>	17. Is this tooth in the trial? Yes <input type="checkbox"/> No <input type="checkbox"/>
15. If yes what is the sealant status (tick one)	18. If yes what is the sealant status (tick one)
Intact <input type="checkbox"/>	Intact <input type="checkbox"/>
Partially intact <input type="checkbox"/>	Partially intact <input type="checkbox"/>
Lost <input type="checkbox"/>	Lost <input type="checkbox"/>
Tooth unerupted / partially erupted <input type="checkbox"/>	Tooth unerupted / partially erupted <input type="checkbox"/>
Tooth extracted <input type="checkbox"/>	Tooth extracted <input type="checkbox"/>
Tooth previously unerupted/not sealed <input type="checkbox"/>	Tooth previously unerupted/not sealed <input type="checkbox"/>
16. Treatment record Yes <input type="checkbox"/> No <input type="checkbox"/>	19. Treatment record Yes <input type="checkbox"/> No <input type="checkbox"/>
Sealant placed/replaced/repaid <input type="checkbox"/>	Sealant placed/replaced/repaid <input type="checkbox"/>
16a. Sealant bottle number	19a. Sealant bottle number
16b. Sealant expiry date	19b. Sealant expiry date
If unable to complete required treatment state reason (e.g. refused)	If unable to complete required treatment state reason (e.g. refused)
16c.....	19c.....
LOWER RIGHT	LOWER LEFT

20. Date form completed

21. Completed by
(please sign)

22. Treating hygienist Initials

For SEWTU use only

Received: Received by: Entered into database: Entered by: