



## SUMMARY REPORT

### Hygienist Information

*Please Print* Date of Report \_\_\_\_\_  
First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
City \_\_\_\_\_ State/Prov \_\_\_\_\_  
Zip/Postal \_\_\_\_\_ Country \_\_\_\_\_  
Phone \_\_\_\_\_  
Mobile \_\_\_\_\_ Email Address \_\_\_\_\_

### Your Program Summary Report

Type of education activities provided: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Number of Children at beginning of Program \_\_\_\_\_; # of Other Participants \_\_\_\_\_  
Number of Children able to brush teeth correctly at beginning of program \_\_\_\_\_  
Number of Children seen at 3-month follow-up \_\_\_\_\_  
Number of Children able to brush teeth correctly at 3 month visit \_\_\_\_\_  
Additional preventive services provided (fluoride varnish, sealants, etc): \_\_\_\_\_

Findings from oral exams (caries, other diseases, etc): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List of materials distributed (toothbrushes, brochures, etc): \_\_\_\_\_  
\_\_\_\_\_

Number of referrals made to:  
Dentists \_\_\_\_\_;  
Other healthcare providers (type & #):  
\_\_\_\_\_; \_\_\_\_\_;  
\_\_\_\_\_; \_\_\_\_\_;

Number of Children who sought oral care as recommended \_\_\_\_\_

Scan & email this application to: [coordinator@IFDH.org](mailto:coordinator@IFDH.org)

Co-Sponsors:

