Special Olympics Special Smiles®

Special Smiles Dentistry Report

Special Olympics Health

MADE POSSIBLE BY Golisano FOUNDATION

Athlete's Name: **Date:**

Follow-up Recommended?

□ **Yes:** See below

□ **No:** No concerns were identified during today's Special smiles screening. No additional follow-up is recommended.

Services Provided:

Today, you learned about your oral health and received the following supports to help keep your mouth healthy:

□ Fluoride varnish

□ Oral hygiene tools (toothpaste, toothbrush, floss)

□ Mouthguard

□ Oral hygiene instruction

Screening Results

Based on today's Special Smiles screening, follow up is recommended for the following concerns:

□ **Oral Cancer** (intraoral screening)

□ **Dental Trauma** (injury assessment)

□ **Abscess/Exudate/Swelling/Ulceration**

□ **Sore Spots** (including from dentures/partials)

□ **Oral Hygiene** (plaque, calculus)

□ **Periodontal Health** (redness, inflammation, mobility)

□ **Dentition** (decayed, missing, filled teeth)

□ **Sealants Present**

□ **Over-Retained Primary Teeth**

□ **Other:** _____

Referral Information

Program/Provider Type (Select all appropriate)	**Referral Type** (Select one)
□ Dentist	O **Routine Follow-Up:** Continue with routine follow-up with a dental provider at least every 6 months O **Non-Urgent:** Follow up within 4 weeks *Reason(s) for referral:* □ Pain □ Decayed, missing, or filled teeth □ Signs of periodontal disease □ Signs of injury or trauma □ Mouth guard needed □ Comprehensive dental exam (>1 year) □ Other: _____ O **Urgent:** Follow up within 2 weeks *Reason(s) for referral:* □ Pain □ Decayed, missing, or filled teeth □ Signs of periodontal disease □ Signs of injury, trauma, or infection □ Other: _____
□ Other: _____	O **Non-Urgent:** Follow up within 4 weeks O **Urgent:** Follow up within 2 weeks *Reason(s) for referral:* _____ _____