FLUORIDE VARNISH APPLICATION CARD

FOR CHILDREN SIX YEARS AND BELOW

NATIONAL FLUORIDE VARNISH APPLICATION PORGRAMME

Name ……Registration No……..

Date of Birth……Age……

Home Address……

……Tele. No……

District……MOH……

Consent received on (Date)……..

Name of the parent/guardian ……

Details Of Fluoride Application

Date of screening		
Findings at the screening Caries present in primary molars (D+E or D/E)	**Yes**	**No**
If yes, specify the primary molar teeth with dental caries: (Mention the caries experience d/m/f)		
Date of 1st application		
Date of 2nd application		
*Findings after completion of Fluoride varnish therapy **New caries** present in primary molars (D+E or D/E)	**Yes**	**No**
*If yes, specify the primary molar teeth with dental caries: (Mention the caries experience d/m/f)		

*Please complete these two rows, when the child is screened in Grade 1