

Quarterly/Annual Return - School Dental Clinics

School Dental Clinic:

Quarter/Year:

MOH Division:

RDHS Division:

1. Allocated schools

		>200	<200	Total
A	No of Schools in the MOH			
B	No of schools allocated within the MOH			
C	No of schools allocated outside the MOH			
D	No of Preschools allocated			

2. Target Group allocated

		No. of children	Base school	Feeder schools	Total
E	Grade1				
F	Grade 4				
G	Grade 7				
H	Other grades				
I	Total				
J	Pre-schools				

3. Work Performances

			Month / Quarter				Total
1.1	Grade 1 (target group)	Children Screened					
1.2		Children Healthy					
1.3		Children with Caries					
1.4		Children with Caries in Primary Molars					
1.5		Children with Calculus					
1.6		Children identified as High Risk	for fluoride varnish				
			for fissure sealant				
1.7		Children Received Fluoride Varnish 1 st time					
1.8		Children Received Fluoride Varnish 2 nd time					
1.9	Children Treatment completed						
2.1	Grade 4 (target group)	Children Screened					
2.2		Children Healthy					
2.3		Children with Caries					
2.4		Children with Caries in permanent teeth					
2.5		Children with Calculus					
2.6		Children Treatment completed					
3.1	Grade 7 (target group)	Children Screened					
3.2		Children Healthy					
3.3		Children with Caries in permanent teeth					
3.4		Children with 'DMFT' > 0					
3.5		Children with Calculus					
3.6		Children Treatment completed					
3.7		Children Resto. completed (permanent teeth)					
3.8		Children Scaling Completed					
4.1	Other (target grp)	Children Screened					
4.2		Children Healthy					
4.3		Children Treatment completed					
5.1	Preschool	Children Screened					
5.2		Children Healthy					
5.3		Children Identified as High Risk for fluoride varnish					
5.4		Children Received Fluoride Varnish 1 st time					

5.5	Children Received Fluoride Varnish 2 nd time					
5.6	Children Treatment completed					
6	Casual patients treated					
7	Children with Dental Fluorosis					
8	Children with Malocclusion					

		Month / Quarter				Total
9.1	Fissure Sealants (no. of teeth)					
9.2	Fissure Sealants (no. of children)					
10.1	Restorations	Temporary				
10.2		GIC	Deciduous teeth			
10.3			Permanent teeth			
11	Full mouth Scaling					
12	Other treatments					
13	Referrals					
14.1	Number of children seen in the clinic					
14.2	Number of children seen in the field					
14.3	Total number of children seen					
15.1	Oral Health Education	Target	No. of Children			
15.2			No. of Parents			
15.3		Non-Target	No. of Teachers			
15.4			Other categories			
16.1	Supervisory Visits		RDS			
16.2			SSDT			
16.3			MOH			
16.4			Other			
17.1	No. of Out-reach clinics attended		Target group			
17.2			Outside target			
18.1	Allocated schools screened					
18.2	Allocated schools completed					
19.1	Number of days worked					
19.2	Number of days on leave					

4. Material stocks

	At the beginning of the Quarter	Amount Received	Amount used	Balance at the end of the Quarter
ZnO				
Eugenol				
ZnPO4				
GIC				
Fluoride varnish				
Fissure sealant				
Other				

5. Comments

Prepared by: Name: Designation

Signature Date

Certified by: Name: Designation

Signature Date

Note: The Quarterly return should be prepared by all School Dental Therapists and certified by MOH. It should be prepared in triplicate, the first copy should be sent to RDHS Office, second to the MOH, and the third should be filed in the clinic.