

Treatments				1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total				
6	Casual Patients Treated																																						
7	Children with Dental Fluorosis																																						
8	Children with Malocclusion																																						
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 no of Children Seen																																						
15.1	Oral Health Education	Target	Group																																				
15.2			Mass																																				
15.3		Non-target	Group																																				
15.4			Mass																																				
16.1	Supervisory Visits	RDS																																					
16.2		SSDT																																					
16.3		MOH																																					
16.4		Other																																					

Comments:

No. of outreach clinics attended: Target group:
 Outside target:

Allocated schools screened
 Allocated schools completed

No. of days worked:
 No. of days on leave:

Prepared by: _____

Certified by: _____

Date _____

Date: _____

Note: The monthly 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 filed in the clinic.

