



Republic of the Philippines  
**Department of Education**  
Region VI - Western Visayas  
**SCHOOLS DIVISION OF SAGAY CITY**

**FEB 07 2025**

**DIVISION MEMORANDUM**

No. 097, s. 2025

**21<sup>ST</sup> NATIONAL DENTAL HEALTH MONTH CELEBRATION**

To: Assistant Schools Division Superintendent  
Chief Education Supervisors – CID & SGOD  
Education Program Supervisors of CID and SGOD  
Public Schools District Supervisors  
All Others Concerned

1. In accordance of Presidential Proclamation No. 559 which designates February as National Dental Health Month annually by then President Gloria Macapagal Arroyo, the Schools Governance Operation-School, Health and Nutrition Unit will actively participate in the month-long celebration with the theme “Pamilya, Una Kong Dentista: #Ngiting 7020”.
2. A kick-off celebration will be held at **Bato Central Elementary School on February 20, 2025 at 9 o'clock in the morning and will be actively participated by its Kindergarten and Grade 1 learners.**
3. Schools are encouraged to organize a **school-based simultaneous toothbrushing activity for all BSBF kit beneficiaries on February 20, 2025** and submit your MOVs and narrative report to the Division Dentist. (Please refer to ANNEX A for the list of all BSBF kit Beneficiaries)
4. This activity aims to:
  - A. Promote awareness about the importance of good oral hygiene and to encourage healthy habits among students.
  - B. Provide an opportunity to educate children about the significance of brushing, flossing, and regular dental visits in maintaining overall health.
  - C. Promote the prevention of dental problems, such as cavities and gum disease, and emphasizes the role of nutrition in oral health.
5. The following are the activities during the celebration.
  - A. Oral Health Lecture/Advocacy
  - B. Tooth Brushing Drill
  - C. Fluoride Application
6. Attached herewith is the **Parent's Consent Form** for the Fluoride Application. (ANNEX B)
7. Additionally, the School Health and Nutrition Unit will conduct a **HEALTH and DENTAL ASSESSMENT** to all students at the following schools according to the timetable shown in ANNEX C. Prior to the activity, advisers are instructed to prepare the individual school health exam card of the learners (must be answered and signed by the parent or guardian) refer to ANNEX D.
8. Health examination card and Form should be printed out using A4 Bond paper. You can access this link for the forms. <https://surl.li/eeppshr> or scan the QR code







Republic of the Philippines  
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**SCHOOLS DIVISION OF SAGAY CITY**

9. The **Data Privacy Act and related policies of the DOH and DepEd** shall be followed in the handling and sharing of data.
10. It is understood that in the conduct of this activity there shall be no discrimination in the provision of such partnership on account of age, school, gender, civil status, disability, religion or other similar factors, personal circumstances that run counter to the principles of equal opportunity.
11. Immediate and wide dissemination of this Memorandum is desired.

**DANNIE CLARK M. UGUIL, CESE**  
*Assistant Schools Division Superintendent*  
Officer-in-Charge  
Office of the Schools Division Superintendent



Enclosure : As stated  
Reference :  
Allotment : N/A  
No. of Pages : 2

To be indicate in the **Perpetual Index** under the following subjects:

**21<sup>ST</sup> NATIONAL DENTAL HEALTH MONTH HEALTH ASSESMENT SCHOOL HEALTH UNIT**

RN: mpp/SGOD



Sitio Chloe, Brgy. Rizal, Sagay City, Negros Occidental  
Telephone Nos. 488-02-15;722-0597  
Email Address: [sagay.city001@deped.gov.ph](mailto:sagay.city001@deped.gov.ph)





Republic of the Philippines  
Department of Education  
Region VI - Western Visayas  
SCHOOLS DIVISION OF SAGAY CITY

ANNEX A-List of BSBF Kit Beneficiaries

KINDER LEARNERS

BRIGHT SMILES, BRIGHT FUTURES PROGRAM (BSBF) SY 2024-2025  
LIST OF SCHOOLS

REGION: VI  
DIVISION: SAGAY CITY

KINDER LEARNERS

SCHOOL DATA / INFORMATION					TOOTHPASTES	TOOTHBRUSHES
	School Name	Division	District	Kinder Population	QTY Indicated in the Box	QTY Indicated in the Box
1	Alfredo E. Marañon Sr. ES	Sagay City	Sagay City District I	75	5	75
2	Alfredo Marañon Sr. ES - School of the Future	Sagay City	Sagay City District I	19	1	19
3	Elia T. Canoy-Esperancilla Elementary School	Sagay City	Sagay City District I	67	4	67
4	Butanon Elementary School	Sagay City	Sagay City District I	52	3	52
5	General Luna Elementary School	Sagay City	Sagay City District I	68	5	68
6	Buenaventura Rodriguez Elementary School	Sagay City	Sagay City District I	113	8	113
7	Jose B. Puey Sr. Elementary School	Sagay City	Sagay City District I	303	20	303
8	Matabas Elementary School	Sagay City	Sagay City District I	18	1	18
9	Molocaboc II Elementary School	Sagay City	Sagay City District I	21	1	21
10	Old Sagay Elementary School	Sagay City	Sagay City District I	258	17	258
11	Onofre Dela Paz Elementary School	Sagay City	Sagay City District I	10	1	10
12	Pedro R Katalbas, Sr. II Elementary School	Sagay City	Sagay City District I	37	2	37
13	Plaridel Elementary School	Sagay City	Sagay City District I	45	3	45
14	Raymundo Tupas Elementary School	Sagay City	Sagay City District I	109	7	109
15	Suyac Elementary School	Sagay City	Sagay City District I	15	1	15
16	Pedro Ramos Katalbas, Sr. I Elementary School	Sagay City	Sagay City District I	17	1	17
17	Talusan Elementary School	Sagay City	Sagay City District I	128	9	128
18	Tu-ong Elementary School	Sagay City	Sagay City District I	27	2	27
19	Vito Elementary School	Sagay City	Sagay City District I	81	5	81
20	Buenaventura Mahlum Elementary School	Sagay City	Sagay City District I	11	1	11
21	Molocaboc Integrated School	Sagay City	Sagay City District I	54	4	54
22	Raynor D. Mesa Elementary School	Sagay City	Sagay City District II	16	1	16
23	Cesar Gamboa Elementary School	Sagay City	Sagay City District II	23	2	23
24	Filomeno Pascual Elementary School	Sagay City	Sagay City District II	17	1	17
25	Gil Lopez Elementary School	Sagay City	Sagay City District II	103	7	103
26	Hautea Elementary School	Sagay City	Sagay City District II	38	3	38
27	Josebio L. Gonzaga Memorial School	Sagay City	Sagay City District II	53	4	53
28	Josebio Gonzaga Elementary School - Extension	Sagay City	Sagay City District II	37	2	37
29	Maria Lopez Elementary School	Sagay City	Sagay City District II	201	13	201
30	Ricardo L. Gamboa Elementary School	Sagay City	Sagay City District II	82	5	82
31	Sir Arthur E. Cooper Elementary School	Sagay City	Sagay City District II	34	2	34
32	Eusebio Lopez Memorial Integrated School	Sagay City	Sagay City District II	122	8	122
33	Himogaan Baybay Integrated School	Sagay City	Sagay City District II	77	5	77
34	Bato Central Elementary School	Sagay City	Sagay City District III	79	5	79
35	Baviera Elementary School	Sagay City	Sagay City District III	25	2	25
36	Briones Salcedo Elementary School	Sagay City	Sagay City District III	29	2	29
37	Melchor D. Salcedo Elementary School	Sagay City	Sagay City District III	71	5	71
38	Campo Himogaan Elementary School	Sagay City	Sagay City District III	41	3	41
39	Campo Santiago Elementary School	Sagay City	Sagay City District III	20	1	20
40	Hamticon Elementary School	Sagay City	Sagay City District III	14	1	14
41	Laon Elementary School	Sagay City	Sagay City District III	17	1	17
42	Lopez Jaena Elementary School	Sagay City	Sagay City District III	60	4	60
43	Macamilco Elementary School	Sagay City	Sagay City District III	15	1	15
44	Valeriana G. Analucas Elementary School	Sagay City	Sagay City District III	15	1	15
45	Manara Elementary School	Sagay City	Sagay City District III	18	1	18
46	Maquiling Elementary School	Sagay City	Sagay City District III	91	6	91
47	Pacol Elementary School	Sagay City	Sagay City District III	11	1	11
48	Rufino T. Halipa Sr Elementary School	Sagay City	Sagay City District III	21	1	21
49	Uychiat Elementary School	Sagay City	Sagay City District III	24	2	24
50	Colonia Divina Integrated School	Sagay City	Sagay City District III	31	2	31
51	Serafin V. Aguilar Integrated School	Sagay City	Sagay City District III	23	2	23
52	Sherman Hill Integrated School	Sagay City	Sagay City District III	33	2	33
TOTAL				2969	197	2969





Republic of the Philippines  
Department of Education  
Region VI - Western Visayas  
SCHOOLS DIVISION OF SAGAY CITY

GRADE 1 LEARNERS

BRIGHT SMILES, BRIGHT FUTURES PROGRAM (BSBF) SY 2024-2025  
LIST OF SCHOOLS

REGION: VI  
DIVISION: SAGAY CITY

GRADE 1 LEARNERS

SCHOOL DATA / INFORMATION					TOOTHPASTES	TOOTHBRUSHES
	School Name	Division	District	Grade I Population	QTY Indicated in the Box	QTY Indicated in the Box
1	Alfredo E. Marañon Sr. ES	Sagay City	Sagay City District I	82	5	82
2	Alfredo Marañon Sr. ES - School of the Future	Sagay City	Sagay City District I	23	2	23
3	Elia T. Canoy-Esperancilla Elementary School	Sagay City	Sagay City District I	79	5	79
4	Bulanon Elementary School	Sagay City	Sagay City District I	52	3	52
5	General Luna Elementary School	Sagay City	Sagay City District I	51	3	51
6	Buenaventura Rodriguez Elementary School	Sagay City	Sagay City District I	113	8	113
7	Jose B. Puey Sr. Elementary School	Sagay City	Sagay City District I	312	21	312
8	Matabas Elementary School	Sagay City	Sagay City District I	13	1	13
9	Molocaboc II Elementary School	Sagay City	Sagay City District I	17	1	17
10	Old Sagay Elementary School	Sagay City	Sagay City District I	253	17	253
11	Onofre Dela Paz Elementary School	Sagay City	Sagay City District I	25	2	25
12	Pedro R. Katalbas, Sr. II Elementary School	Sagay City	Sagay City District I	34	2	34
13	Plaridel Elementary School	Sagay City	Sagay City District I	53	4	53
14	Raymundo Tupas Elementary School	Sagay City	Sagay City District I	104	7	104
15	Suyac Elementary School	Sagay City	Sagay City District I	16	1	16
16	Pedro Ramos Katalbas, Sr. I Elementary School	Sagay City	Sagay City District I	13	1	13
17	Talusan Elementary School	Sagay City	Sagay City District I	130	9	130
18	Tu-ong Elementary School	Sagay City	Sagay City District I	32	2	32
19	Vito Elementary School	Sagay City	Sagay City District I	100	7	100
20	Buenaventura Mahlum Elementary School	Sagay City	Sagay City District I	11	1	11
21	Molocaboc Integrated School	Sagay City	Sagay City District I	52	3	52
22	Raynor D. Mesa Elementary School	Sagay City	Sagay City District II	28	2	28
23	Cesar Gamboa Elementary School	Sagay City	Sagay City District II	29	2	29
24	Filomeno Pascual Elementary School	Sagay City	Sagay City District II	21	1	21
25	Gil Lopez Elementary School	Sagay City	Sagay City District II	160	11	160
26	Haulea Elementary School	Sagay City	Sagay City District II	54	4	54
27	Josebio L. Gonzaga Memorial School	Sagay City	Sagay City District II	63	4	63
28	Josebio Gonzaga Elementary School - Extension	Sagay City	Sagay City District II	32	2	32
29	Maria Lopez Elementary School	Sagay City	Sagay City District II	216	14	216
30	Ricardo L. Gamboa Elementary School	Sagay City	Sagay City District II	86	6	86
31	Sir Arthur E. Cooper Elementary School	Sagay City	Sagay City District II	44	3	44
32	Eusebio Lopez Memorial Integrated School	Sagay City	Sagay City District II	130	9	130
33	Himogaan Baybay Integrated School	Sagay City	Sagay City District II	71	5	71
34	Bato Central Elementary School	Sagay City	Sagay City District III	97	6	97
35	Baviera Elementary School	Sagay City	Sagay City District III	36	2	36
36	Briones Salcedo Elementary School	Sagay City	Sagay City District III	25	2	25
37	Melchor D. Salcedo Elementary School	Sagay City	Sagay City District III	78	5	78
38	Campo Himogaan Elementary School	Sagay City	Sagay City District III	40	3	40
39	Campo Santiago Elementary School	Sagay City	Sagay City District III	21	1	21
40	Hamticon Elementary School	Sagay City	Sagay City District III	18	1	18
41	Laon Elementary School	Sagay City	Sagay City District III	16	1	16
42	Lopez Jaena Elementary School	Sagay City	Sagay City District III	81	5	81
43	Macamilco Elementary School	Sagay City	Sagay City District III	19	1	19
44	Valeriana G. Analucas Elementary School	Sagay City	Sagay City District III	23	2	23
45	Manara Elementary School	Sagay City	Sagay City District III	27	2	27
46	Maquiling Elementary School	Sagay City	Sagay City District III	108	7	108
47	Pacol Elementary School	Sagay City	Sagay City District III	16	1	16
48	Rufino T. Halipa Sr Elementary School	Sagay City	Sagay City District III	26	2	26
49	Uychiat Elementary School	Sagay City	Sagay City District III	22	1	22
50	Colonia Divina Integrated School	Sagay City	Sagay City District III	48	3	48
51	Sherman Hill Integrated School	Sagay City	Sagay City District III	27	2	27
TOTAL				3227	215	3227





Republic of the Philippines  
**Department of Education**  
Region VI - Western Visayas  
**SCHOOLS DIVISION OF SAGAY CITY**

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**ANNEX B**

**FLUORIDE APPLICATION CONSENT FORM**

**Patient Information:**

- Patient Name: \_\_\_\_\_
- Date of Birth: \_\_\_\_\_
- Grade/Class: \_\_\_\_\_
- School Name: \_\_\_\_\_

**Description of Treatment:**

As part of our commitment to promoting dental health, the school is offering fluoride application to help prevent tooth decay and support oral hygiene.

- **Description of Procedure:** A topical fluoride gel will be applied to your child's teeth to help prevent cavities.
- **Date of Procedure:** \_\_\_\_\_
- **Location:** \_\_\_\_\_

**Potential Risks and Benefits:**

- **Benefits:** Prevents cavities, strengthens tooth enamel, promotes overall oral health.
- **Risks:** Mild irritation to gums may occur, though rare.

**Parent/Guardian Consent:**

By signing below, I, the undersigned, give my permission for my child to receive the specified treatment outlined above. I understand that the treatment is safe and commonly used, and that the staff performing the procedure are trained professionals. I also acknowledge that I have had the opportunity to ask questions and that I understand the procedure and its potential risks and benefits.

I approve and consent to the use of recordings, films, or other pictures of myself (i.e., photos, videos) for identification, diagnosis, and treatment in connection with the care I receive.

The Department of education shall engage in the collection of health/medical information for tracking, provision of necessary health/ medical interventions, and educational purposes. This information shall be processed in accordance with the provisions of the Data Privacy Act and Data Privacy Policies of the Department.

This information shall be stored and held confidentially in accordance with the provisions of the Basic Education Act and may only be shared with other government agencies or other parties subject to Data sharing agreement and data privacy requirements for legitimate purposes only. I hereby authorize the Department of Education to use, collect, and process the information for the purposes of the above-stated.

- **Parent/Guardian Name:** \_\_\_\_\_
- **Parent/Guardian Signature:** \_\_\_\_\_
- **Date:** \_\_\_\_\_

**Alternative Treatment:**

If you do not wish for your child to receive this treatment, please indicate your preference below:

[ ] I do not give consent for my child to receive the treatment.

**Emergency Contact Information:**

In case of any emergencies or questions during the treatment, please contact:

- **Emergency Contact Name:** \_\_\_\_\_
- **Phone Number:** \_\_\_\_\_





Republic of the Philippines  
**Department of Education**  
Region VI - Western Visayas  
**SCHOOLS DIVISION OF SAGAY CITY**

**ANNEX C- list of schools and Schedule for Health Assessment**

	NAME OF SCHOOL	SCHEDULE
1	General Luna Elem. School	FEBRUARY 4,2025
2	Ricardo L. Gamboa Elem. School	FEBRUARY 5,2025
3	Macamilco Elem. School	FEBRUARY 6,2025
4	Molocaboc II Elem. School	FEBRUARY 7,2025
5	Bulanon Elem. School	FEBRUARY 12,2025
6	Baviera Elem. School	FEBRUARY 13,2025
7	Filomeno Pascual Elem. School	FEBRUARY 14,2025
8	Sewahon National High School	FEBRUARY 18,2025
9	Sagay City Eco-Farm School	FEBRUARY 19,2025
10	Cesar Gamboa Elem. School	FEBRUARY 21,2025
11	Maquiling Elem. School	FEBRUARY 26,2025
12	Plaridel Elem. School	FEBRUARY 27,2025
13	Talusan Elem. School	FEBRUARY 28,2025



Republic of the Philippines  
**Department of Education**  
Region VI - Western Visayas  
**SCHOOLS DIVISION OF SAGAY CITY**

**ANNEX D- SCHOOL HEALTH EXAM CARD AND FORM**

SHD Form 1

Republic of the Philippines  
**DEPARTMENT OF EDUCATION**  
Region \_\_\_\_\_  
Division of \_\_\_\_\_  
\_\_\_\_\_  
School Name/ID

**SCHOOL HEALTH EXAMINATION CARD**

Name:	_____	_____	_____
	Last	First	Middle
Date of Birth:	_____		Birthplace: _____
	Month / Day / Year		
School ID:	_____	Region:	_____
Learner Reference Number (LRN):	_____	Division:	_____
Parent/Guardian:	_____		Telephone No.: _____
Home Address:	_____ _____ _____		

**Data Privacy Notice**

The Department of Education shall engage in the collection of health / medical information for the purposes of tracking, provision of necessary health / medical interventions, and educational purposes. This information shall be processed in accordance with the provisions of the Data Privacy Act and the Data Privacy Policies of the Department.

This information shall be stored and held confidentially in accordance with the provisions of the Basic Education Act and may only be shared with other government agencies or third parties subject to Data sharing agreements and data privacy requirements for legitimate purposes only.

For inquiries, requests and concerns regarding your data privacy rights, please contact the data privacy compliance officer, team of the school, schools division office or regional office concerned.

I hereby authorize the Department of Education to use, collect, and process the information for the purposes of the above stated.

\_\_\_\_\_  
Name and Signature of Child

\_\_\_\_\_  
Name and Signature of Parent





Republic of the Philippines  
Department of Education  
Region VI - Western Visayas  
SCHOOLS DIVISION OF SAGAY CITY

SHD Form 1-B

Name : \_\_\_\_\_ LRN : \_\_\_\_\_

Medical/Nursing Findings													
	Grade 1/SPED	Grade 2/SPED	Grade 3/SPED	Grade 4/SPED	Grade 5/SPED	Grade 6/SPED	Grade 7/SPED	Grade 8/SPED	Grade 9/SPED	Grade 10/SPED	Grade 11/SPED	Grade 12/SPED	
	Findings	Findings	Findings	Findings	Findings	Findings	Findings	Findings	Findings	Findings	Findings	Findings	
Date of Examination													
Height (in cm)													
Weight (in kg)													
Nutritional Status (NS) (BMI/Weight-for-Age)													
Nutritional Status (NS) (Height-for-Age)													
APs Beneficiary (Y or X)													
SBP Beneficiary (Y or X)													
Deworming (Y or X)													
Iron Supplementation (Y or X)													
Immunization (Specify what kind)													
Menarche													
Temperature/BP													
Heart Rate/Pulse Rate/Respiratory Rate													
Vision Screening using appropriate chart													
Auditory Screening (Tuning Fork)													
Skin/Scalp													
Eyes/Ears/Nose													
Mouth/Throat/Neck													
Lungs/Heart													
Abdomen													
Deformities													
Others, specify													
Examined by: _____	Designation: _____												

LEGEND:

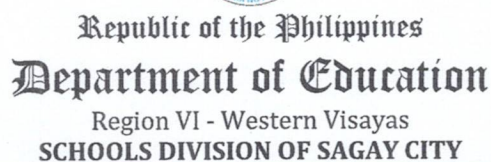
NS	Vision/ Auditory Screening			Skin/Scalp	Eye/Ear/Nose	Mouth/Neck/Throat	Heart/Lung	Abdomen	Deformities
a. Normal Weight	Vision			a. Normal	a. Normal	a. Normal	a. Normal	a. Normal	a. Acquired (Specify)
	a. Passed	L	R	b. Presence of Lice	b. Inflamed Eye Lid	b. Enlarged tonsils	b. Rales	b. Distended	
c. Severely Wasted/Underwt	b. Failed	L	R	c. Redness of Skin	c. Eye Redness	c. Presence of lesions	c. Wheeze	c. Abdominal Pain	b. Congenital (Specify)
d. Overweight	Auditory			d. White Spots	d. Ocular Misalignment	d. Inflamed pharynx	d. Murmur	c. Tenderness	
e. Obese	a. Passed	L	R	e. Flaky Skin	e. Pale Conjunctiva	e. Enlarged lymphnodes	e. Irregular heart rate	e. Dysmenorrhea	
f. Normal Height	b. Failed	L	R	f. Impetigo/boil	f. Matted Eyelashes	f. Others, specify	f. Colds	f. Others, Specify	
g. Stunted				g. Hematoma	g. Eye Discharge		g. Cough		
h. Severely Stunted				h. Bruises/ Injuries	h. Ear discharge		h. Others, specify		
i. Tall				i. Itchiness	i. Impacted cerumen				
				j. Skin Lesions	j. Mucus discharge				
				k. Acne/Pimple	k. Nose Bleeding (Epistaxis)				
				l. Capillary refill greater than 3	l. Others, specify				
				m. others, specify					

Note: Use Letter to record ailments and Place X if not examined









LRN : \_\_\_\_\_

Do you have a toothbrush?    Y \_\_\_\_\_    N \_\_\_\_\_

How many times do you brush your teeth? \_\_\_\_\_

How many times do you change your toothbrush in a year? \_\_\_\_\_

Do you use toothpaste in brushing? \_\_\_\_\_

How many times do you visit the dentist in a year? \_\_\_\_\_

GRADE 1 S.Y.

The diagram is a dental chart showing the arrangement of teeth in a maxillary (upper) and mandibular (lower) arch. The chart is divided into four quadrants: RIGHT (upper right), LEFT (upper left), RIGHT (lower right), and LEFT (lower left). Teeth are numbered 1-32 in the upper arch and 33-64 in the lower arch. The chart includes a central column for the midline and a row for the temporomandibular joint (TMJ). The chart is labeled "TEMPORARY TEETH" on the left and right sides.

GRADE 3 S.Y.

RIGHT

LEFT

PERMANENT TEETH

TEMPORARY TEETH

RIGHT

LEFT





Republic of the Philippines  
Department of Education  
Region VI - Western Visayas  
SCHOOLS DIVISION OF SAGAY CITY

SHD Form 1-Da

Name : \_\_\_\_\_

LRN : \_\_\_\_\_

GRADE 4

S.Y. \_\_\_\_\_

RIGHT		55	54	53	52	51	61	62	63	64	65	LEFT				
TEMPORARY TEETH																
PERMANENT TEETH	18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28
	48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38
TEMPORARY TEETH																
RIGHT		85	84	83	82	81	71	72	73	74	75	LEFT				

GRADE 5

S.Y. \_\_\_\_\_

RIGHT		55	54	53	52	51	61	62	63	64	65	LEFT				
TEMPORARY TEETH																
PERMANENT TEETH	18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28
	48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38
TEMPORARY TEETH																
RIGHT		85	84	83	82	81	71	72	73	74	75	LEFT				

GRADE 6

S.Y. \_\_\_\_\_

RIGHT		55	54	53	52	51	61	62	63	64	65	LEFT				
TEMPORARY TEETH																
PERMANENT TEETH	18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28
	48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38
TEMPORARY TEETH																
RIGHT		85	84	83	82	81	71	72	73	74	75	LEFT				

ORAL HEALTH CONDITION

	Kinder	1	2	3	4	5	6
		7	8	9	10	11	12
Gingivitis							
Periodontal Disease							
Malocclusion							
Supernumerary teeth							
Retained deciduous teeth							
Decubital ulcer							
Calculus							
Cleft lip / palate							
Root fragment							
Fluorosis							
Others, Specify							









Republic of the Philippines  
Department of Education  
Region VI - Western Visayas  
SCHOOLS DIVISION OF SAGAY CITY

SHD Form 1-Da

Name : \_\_\_\_\_

LRN : \_\_\_\_\_

GRADE 11

S.Y. \_\_\_\_\_

RIGHT										LEFT									
TEMPORARY TEETH										TEMPORARY TEETH									
18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28				
48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38				
TEMPORARY TEETH										TEMPORARY TEETH									
RIGHT										LEFT									

GRADE 12

S.Y. \_\_\_\_\_

RIGHT										LEFT									
TEMPORARY TEETH										TEMPORARY TEETH									
18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28				
48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38				
TEMPORARY TEETH										TEMPORARY TEETH									
RIGHT										LEFT									

ORAL HEALTH CONDITION

	Kinder	1	2	3	4	5	6
Gingivitis							
Periodontal Disease							
Malocclusion							
Supernumerary teeth							
Retained deciduous teeth							
Decubital ulcer							
Calculus							
Cleft lip / palate							
Root fragment							
Fluorosis							
Others, Specify							





Republic of the Philippines  
Department of Education  
Region VI - Western Visayas  
SCHOOLS DIVISION OF SAGAY CITY

SHD Form 1-Db

Name : \_\_\_\_\_

LRN : \_\_\_\_\_

TEMPORARY TEETH

Index d.f.t.

No. T / decayed

No. T / filled

Total d.f.t.

For Extraction

For Filling

Total Sound teeth

dft index

Kinder	1	2	3	4	5	6

PERMANENT TEETH

Index D.M.F.T.

No. T / decayed

No. T / Missing

No. T. / Filled

Total D.M.F.T.

For Extraction

For Filling

Total Sound teeth

Kinder	1	2	3	4	5	6	7	8	9	10	11	12

SYMBOL FOR MOUTH EXAMINATION

X - Carious tooth indicated for extraction

D - Carious tooth indicated for filling

RF - Root fragment

O - Missing tooth

F2 - Permanently filled tooth with  
recurrence of decay

(✓) - Sound/erupted Permanent/Temporary tooth

PFS - Pit and Fissure Sealant

JC - Jacket Crown

P - Pontic

RPD - Removable Partial Denture

FB - Fixed Bridge

CD - Complete Denture

GI - Glass Ionomer

SyF - Composite

AgI - Amalgam

Intervention/Treatment Record

Date	Chief Complaint	Intervention/Treatment Done	Remarks	Attended by (Name/Position)