



Chico Clinic

845 W. East Avenue
Chico, CA 95926
(530) 896-9400
Fax: (530) 896-9407

Dental and Maternal Health Center

500 Cohasset Rd. Ste 15
Chico, CA 95926
(530) 433-2500
Fax: (530) 433-2510

Children's Health Center

1515 Springfield Dr. Ste 175
Chico, CA 95928
(530) 781-1440
Fax: (530) 342-1663

Red Bluff Clinic

2500 N. Main Street
Red Bluff, CA 96080
(530) 529-2567
Fax: (530) 529-2552

Willows Clinic

207 N. Butte Street
Willows, CA 95988
(530) 934-4641
Fax: (530) 934-4081

Woodland Clinic

175 West Court Street
Woodland, CA 95695
(530) 661-4400
Fax: (530) 661-4416

Northern Valley Indian Health, Inc.

Mobile Dental Clinic
530-520-6913
www.nvih.org

ORAL HEALTH SCREENING

Dear Parent/Guardian:

The students at your child's school will have the opportunity to receive an oral health screening by a dental hygienist at no cost to you through oral health services for children, **HEALTHY SMILES**, **HEALTHY KIDS**, provided by Northern Valley Indian Health, Inc. The purpose of the screening is to check your child's teeth for tooth decay and other dental problems. Your child will receive a letter to take home that tells you about the health of your child's teeth. This screening is only a visual exam and cannot take the place of a regular dental examination with x-rays. It does not take the place of regular dental checkups. Screening results may be shared in order to help children obtain dental care. In partnership with the School Health staff, NVIH staff will provide follow-up phone contact to assist you in finding care for your child if needed.

A healthy mouth is part of your child's total health. Healthy children learn better.

Thank you and if you have any questions, please contact the school.

Only if you **DO NOT** want your child to participate in this screening, please sign, date and return the lower portion to your child's school.

HEALTHY SMILES, HEALTHY KIDS

School Oral Health Outreach



Official website: <https://nvih.org>

Facebook: <https://facebook.com/northernvalleyindianhealth>



All Smiles for All Children



X ***I DO NOT WANT MY CHILD TO PARTICIPATE in the ORAL HEALTH SCREENING this school year.***

STUDENT'S NAME _____

TEACHER'S NAME _____ GRADE _____

Parent/Guardian Name: _____

Parent/Guardian
Signature: _____ DATE _____