

GIVE KIDS A SMILE® “ACTUAL” DATA COLLECTION FORM

Important Note: *We can help more kids if you help us with this information.* The Give Kids A Smile program has upgraded the program sign-up system. Data collection following the event has become an integral part of these upgrades. The data that is collected prior to and after an event is used to highlight to policymakers and supporters the on-going challenges that underserved children face in accessing oral health care. The only way to influence government and society at large to work with dentistry to craft common sense, market-based solutions to access disparities, is by providing the program with the data elements below. This data collection form is designed to assist you in identifying the data elements that programs need to collect and share with those entities that make decisions about the access to care issue. We need your help! It is critical that after the event, you please return to the GKAS sign-up system and enter your “actual” event numbers. Thank you!

✓ Education, Screening, Preventive Treatment & Restorative

Event Information

Event Name: _____ City: _____ State: _____

Event Contact Person: _____ Email Address: _____

Children Information

Number of children: Infant/Toddler (ages under 3) _____ Preschool through first grade (ages 3-6) _____
Grades 2nd and 3rd (ages 7-9) _____ Grades 4th through 6th (ages 10-12) _____
Grades 7th and 8th (ages 12-14) _____ Grades 9th through 12th (ages 15-18) _____

Gender of children: Female _____ Male _____ Gender Unknown _____

Race/Ethnicity of children: White _____ Black _____ American Indian _____ Asian _____
Islander _____ Hispanic Latino _____ Other _____ Race Unknown _____

Total number of children: _____

Number of children with private insurance: _____

Number of children with Medicaid insurance: _____

Number of children with CHIP coverage: _____

Number of children with No coverage: _____

Services Performed

Please indicate the “Actual” total number of children who received each service. If no children received a particular service, enter 0.

Actual oral hygiene instructions (D1330): _____

Actual limited oral evaluation-problem focused (D0140): _____

Actual topical application of fluoride varnish (D1206): _____

Actual topical application of fluoride – excluding varnish (D1208): _____

Actual sealant – per tooth (D1351): _____

Actual interim caries arresting medicament application–per tooth (D1354): _____

Actual prophylaxis – child (D1120): _____

Services Performed (continued)

Actual bitewings – two radiographic images (D0272): _____

Actual intraoral – periapical first radiographic image (D0220): _____

Actual panoramic radiographic image (D0330): _____

Actual therapeutic pulpotomy (excluding final restoration) – removal of pulp coronal to the dentinocemental junction and application of medicament (D3220): _____

Actual amalgam – one surface, primary or permanent (D2140): _____

Actual amalgam – two surfaces, primary or permanent (D2150): _____

Actual amalgam – three surfaces, primary or permanent (D2160): _____

Actual amalgam–four or more surfaces, primary or permanent (D2161): _____

Actual resin-based composite – one surface, anterior (D2330): _____

Actual resin-based composite – two surfaces, anterior (D2331): _____

Actual resin-based composite – three surfaces, anterior (D2332): _____

Actual resin-based composite – four or more surfaces or involving angle (anterior) (D2335): _____

Actual resin-based composite crown, anterior (D2390): _____

Actual resin-based composite–one surface, posterior (D2391): _____

Actual resin-based composite–two surfaces, posterior (D2392): _____

Actual resin-based composite–three surfaces, posterior (D2393): _____

Actual resin-based composite–four or more surfaces, posterior (D2394): _____

Actual prefabricated stainless steel crown-primary tooth (D2930): _____

Actual prefabricated stainless steel crown-permanent tooth (D2931): _____

Actual extraction, coronal remnants-primary tooth (D7111): _____

Actual extraction, erupted tooth or exposed root (elevation and/or forceps removal) (D7140): _____

Referred to other providers for care: _____

Number of Volunteers

Dentist: _____ Dental Hygienists: _____ Dental Assistant: _____ Dental Student: _____ Dental Hygiene Student: _____

School Nurse: _____ Other: _____