



Please fill in this top level number. If you did not see any patients under any of the categories, please fill in "0" in this top level box only.

Health Department   Vendor	
Quarterly Reporting Period	

## On-Site Clinical Program Children Services

<b>Number of Children Seen (Unduplicated Patients)</b>		
<b>Age</b>	<b>Race</b>	<b>Number of Clinical Visits</b>
0 – 2 years	White	Number of prophylaxis visits
3 – 5 years	Black	Number of restorative visits
6 – 12 years	Asian	Number of teeth restored
13 – 20 years	Hawaiian	Number of emergency visits
	Native American	Number of extraction visits (primary and permanent)
<b>Gender</b>	Other	Total number of teeth extracted
Male		Number receiving sealants (in-clinic only)
Female	<b>Hispanic</b>	Number receiving fluoride treatments (in-clinic only)
Other   Unknown	Yes	
<b>Insurance Status</b>	No	
Medicaid   SCHIP	Unknown	
Private insurance	<b>Number Referred for Dental Treatment Outside Clinic</b>	<b>Number of Parents   Caregivers Educated on HPV</b>
Uninsured	Referred to oral surgeon	
Unknown	Referred to endodontist	<b>Number Referred from Emergency Department (ED)</b>
	Referred to pediatric dentist	
	Referred to pediatric dentist for operating room services	

If this top level number is "0", you do not need to fill in any of these sections with "0".

## Adults Services

<b>Number of Adults Seen (Unduplicated Patients)</b>		
<b>Age</b>	<b>Race</b>	<b>Number of Clinical Visits</b>
21 – 64 years	White	Number of prophylaxis visits
65+ years	Black   African American	Number of restorative visits
	Asian	Number of teeth restored
<b>Gender</b>	Hawaiian   Pacific Islander	Number of emergency visits
Male	Native American   Alaska Native	Number of extraction visits
Female	Other   Unknown	Total number of teeth extracted
Other   Unknown		Number of dentures provided
<b>Insurance Status</b>	<b>Hispanic</b>	<b>Number Referred from ED</b>
Medicaid	Yes	
Dual-eligible	No	<b>Screened and Referred for Medical Conditions</b>
Private insurance	Unknown	Screened for hypertension
Uninsured		Referred to medical provider for hypertension
Unknown	<b>Number Referred for Dental Treatment Outside Clinic</b>	Screened for diabetes
	Referred to oral surgeon	Referred to medical provider for diabetes
	Referred to endodontist	Screened for oral cancer
	Referred to periodontist	Referred for biopsy
	Referred to prosthodontist	

<b>Report Due Dates</b>	<b>Q1:</b> October 15	<b>Q2:</b> January 15	<b>Q3:</b> April 15	<b>Q4:</b> July 15
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E-mail report to: MDH.UGAOralHealth@Maryland.gov



### Pregnancy Services

Number of Pregnant Patients Seen (Unduplicated Patients)		Number of Clinical Visits	
<b>Age</b>	<b>Race</b>	Number of preventive visits	
Younger than 14	White	Number of restorative visits	
15 – 20 Years	Black   African American	Number of teeth restored	
21 – 30 Years	Asian	Number of emergency visits	
31 – 40 Years	Hawaiian   Pacific Islander	Number of extraction visits	
41+ Years	Native American   Alaska Native	Total number of teeth extracted	
	Other   Unknown	Number of dentures provided	
<b>Insurance Status</b>	<b>Referred by</b>	<b>Trimester of Pregnant Patient's First Dental Appointment</b>	
Medicaid	WIC	First trimester	
Private insurance	ED   Hospital	Second trimester	
Uninsured	Obstetrician   Midwife	Third trimester	
Unknown		<b>Number that Completed Treatment Prior to Delivery</b>	
<b>Hispanic</b>	<b>Number Referred for Dental Treatment Outside Clinic</b>		
Yes	Referred to oral surgeon		
No	Referred to endodontist		
Unknown	Referred to periodontist		
	Referred for dentures		

### Off-Site Oral Health Programs

#### School-Based | School-Linked | Community Oral Health Programs

Number of Children Seen (Unduplicated Patients)		Number Screened   Examined	
<b>Age</b>	<b>Race</b>	Total screened   examined	
0 – 2 years	White	Percent of consents returned	
3 – 5 years	Black   African American	Number receiving fluoride varnish	
6 – 12 years	Asian	Number referred for urgent needs	
13 – 20 years	Hawaiian   Pacific Islander	Number receiving case management	
	Native American   Alaska Native	<b>Number Receiving Fluoride Rinse</b>	
	Other   Unknown	Total receiving fluoride rinse	
<b>Gender</b>	<b>Hispanic</b>	Percent of consents returned	
Male	Yes	<b>Locations Visited (Total Sites)</b>	
Female	No	Judy Center	
Other   Unknown	Unknown	Early Head Start   Head Start	
<b>Insurance Status</b>	<b>Number Receiving Oral Health Education</b>	Elementary School	
Medicaid   SCHIP		Middle School	
Private insurance	<b>Number Receiving Mouth Guards</b>	High School	
Uninsured		Other (please list):	
Unknown			

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### Oral Cancer Screening Program

<b>Number of Adults Screened (Unduplicated Patients)</b>			
<b>Age</b>	<b>Race</b>	<b>Insurance Status</b>	
21 – 64 years	White	Medicaid	
65+ years	Black   African American	Dual-eligible	
	Asian	Private insurance	
<b>Gender</b>	Hawaiian   Pacific Islander	Uninsured	
Male	Native American   Alaska Native	Unknown	
Female	Other   Unknown		
Other   Unknown		<b>Referred for Biopsy</b>	
	<b>Hispanic</b>		
	Yes		
	No		
	Unknown		
		<b>Number of Healthcare Providers (Medical and Dental) Trained on Oral Cancer</b>	

<b>Number of Adults Receiving Oral Cancer Education Only</b>	
<b>Number of Adults Educated on HPV</b>	

### Adult Case Management

<b>Number of Adults Receiving Case Management (Unduplicated Patients)</b>			
<b>Age</b>	<b>Race</b>	<b>Insurance Status</b>	
21 – 64 years	White	Medicaid	
65+ years	Black   African American	Dual-eligible	
	Asian	Private insurance	
<b>Gender</b>	Hawaiian   Pacific Islander	Uninsured	
Male	Native American   Alaska Native	Unknown	
Female	Other   Unknown		
Other   Unknown		<b>Number Referred for Urgent Needs</b>	
	<b>Hispanic</b>	Referred to oral surgeon	
	Yes	Referred to endodontist	
	No	Referred to periodontist	
	Unknown	Referred to prosthodontist	

### Dental Workforce

	Full-Time	Part-Time	Total FTE
<b>Dentist</b>			
<b>Dental Hygienist</b>			
<b>Dental Assistant</b>			
<b>Case Manager</b>			

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