



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

Number of Children Seen (Unduplicated Patients)		
Age	Race	Number of Clinical Visits
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)
Gender	Other	Total number of teeth extracted
Male		Number receiving sealants (in-clinic only)
Female	Hispanic	Number receiving fluoride treatments (in-clinic only)
Other Unknown	Yes	
Insurance Status	No	
Medicaid SCHIP	Unknown	
Private insurance	Number Referred for Dental Treatment Outside Clinic	Number of Parents Caregivers Educated on HPV
Uninsured	Referred to oral surgeon	
Unknown	Referred to endodontist	Number Referred from Emergency Department (ED)
	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

Number of Adults Seen (Unduplicated Patients)		
Age	Race	Number of Clinical Visits
21 – 64 years	White	Number of prophylaxis visits
65+ years	Black African American	Number of restorative visits
	Asian	Number of teeth restored
Gender	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
Insurance Status	Hispanic	Number Referred from ED
Medicaid	Yes	
Dual-eligible	No	Screened and Referred for Medical Conditions
Private insurance	Unknown	Screened for hypertension
Uninsured		Referred to medical provider for hypertension
Unknown	Number Referred for Dental Treatment Outside Clinic	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	

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



Pregnancy Services

Number of Pregnant Patients Seen (Unduplicated Patients)		
Age	Race	Number of Clinical Visits
Younger than 14	White	Number of preventive visits
15 – 20 Years	Black African American	Number of restorative visits
21 – 30 Years	Asian	Number of teeth restored
31 – 40 Years	Hawaiian Pacific Islander	Number of emergency visits
41+ Years	Native American Alaska Native	Number of extraction visits
	Other Unknown	Total number of teeth extracted
Insurance Status		Number of dentures provided
Medicaid	Referred by	
Private insurance	WIC	Trimester of Pregnant Patient's First Dental Appointment
Uninsured	ED Hospital	First trimester
Unknown	Obstetrician Midwife	Second trimester
		Third trimester
Hispanic	Number Referred for Dental Treatment Outside Clinic	Number that Completed Treatment Prior to Delivery
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)		
Age	Race	Number Screened Examined
0 – 2 years	White	Total screened examined
3 – 5 years	Black African American	Percent of consents returned
6 – 12 years	Asian	Number receiving fluoride varnish
13 – 20 years	Hawaiian Pacific Islander	Number referred for urgent needs
	Native American Alaska Native	Number receiving case management
	Other Unknown	
Gender	Hispanic	Number Receiving Fluoride Rinse
Male	Yes	Total receiving fluoride rinse
Female	No	Percent of consents returned
Other Unknown	Unknown	
Insurance Status	Number Receiving Oral Health Education	Locations Visited (Total Sites)
Medicaid SCHIP		Judy Center
Private insurance		Early Head Start Head Start
Uninsured		Elementary School
Unknown		Middle School
	Number Receiving Mouth Guards	High School
		Other (please list):

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Oral Cancer Screening Program

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

Number of Adults Receiving Oral Cancer Education Only	
Number of Adults Educated on HPV	

Adult Case Management

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

Dental Workforce

	Full-Time	Part-Time	Total FTE
Dentist			
Dental Hygienist			
Dental Assistant			
Case Manager			

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