



<b>Dental Transformation Initiative Local Dental Pilot Project Monthly Reporting</b>	
<b>Month:</b>	
<b>Clinic Site:</b>	
<b>Oral Health Care Coordinator:</b>	
<b>Phone:</b>	<b>E-mail:</b>
<b><i>Dental Referrals</i></b>	
1. Number of Medi-Cal children age 0-20 whom you referred for dental services this month.	
2. Number of Medi-Cal children age 0-20 who received dental services as a result of your efforts this month.	
3. Number of Medi-Cal children age 0-20 to whom you provided oral health education this month.	
<b><i>Dental Procedures</i></b>	
1. Number of fluoride varnish applications performed by you this month.	
2. Number of Caries Risk Assessments (CRA) performed by you this month.	
3. Number of dental treatment plans completed this month.	
<b><i>Head Start Only</i></b>	
Number of enrolled Head Start children.	
<b>Comments:</b> <i>Answers should contain no personally identifiable information.</i>	
What project challenges have you faced this month?	
What successes did you achieve this month?	