

ခဲ့အတြံသမံသမီးမၤကျွာ်အစာ၊တဖှာ် ဝံသးစူးနီးဟုဉ်ဘဉ်တါဂ့ါတါကျိုးအံးနီးနှဖိအကသံဉ်သရဉ်တက္၏.

လၢတၢ်ဂ့ၢ်တၢ်ကျိုးဆူညါအဂ်ဳၢမ့တ မှါစဲနမ့်၊လိဉ်ဘဉ်တာ်မာစားလာ တာ်ကယုမ်ကသံဉ်သရဉ်တဂၤအ ခါန္ဦ,ဝံသးစူးကိုးဘဉ်ပုၤဖဲ ၅၀၃–၅၂၁–၇၁၆၆နှဉ်တက္နှ

| ဖိသဉ်စာမံၢ | | | | မုါ်နှံးမုါသီ – | | |
|----------------------------------|--------------------------|--|---|---|---|--|
| | | (အကတၢ႑်) | (| အခ်ိ ှ် ထံး) | | |
| နဖိအမဲန္ဉ်ဘါသ ဝံသးစူးထံဉ်လိၵ် | ာမီသမိ း ဘဉ်နင | ကွာ်အီးဖဲကိုအပူးတနံးအံးလီး နပ် ယးဒီးမဲကသံဉ်သရဉ်တဂၤအစုၤက | မ်ဆမဲတါမၤကွါအစၢ ကောါတနံဉ်တဘျီတဂ | တဖဉ်တါမၤနီဉ်အ က္နာ်. | စီးလၢလာ်နှဉ်လီး. | |
| ခဲ့အတ <u>ါ</u> သမီသ | မ်ိးမၤကု | ဂွါအစၢတၒၣ | | | | |
| | | ၀–နဖိအမဲတဖဉ်အိဉ်ဖျါဂ္ၤဝဲနဉ် မဲအတၢ်ဂ့ာ်ကိအပနိဉ်လာတာ်ထံဉ် | | ထံဉ်လိ႒်သးဒီးနှဲ | မကသံဉ်သရဉ်အစုၤကတၢါတနံဉ်တဘျိတက္၊ . | |
| <u></u> | | ၁–တါထံဉ်နှါမဲအတါဂ့ါကီအပ အယါအီဉ်အပူးဆံးဆံးဖိအိဉ်ဝဲ ကဒီသဒၢတါဂ့ါကီလၢအဒိဉ်အမှ | ¢ဉ်လီၤ.တၢ်လဲၤထံဉ်(| လိၵ်သးနီးမဲကသံ | မဲအံးအိဉ်ဒီးတါ်အိဉ်သးအပူးလ၊အကဲထိဉ်သံ့မဲ့တမ့်၊ ဉ်သရဉ်လ၊ဆူညါတလါန္နဉ်တါဟ့ဉ်ကူဉ်အီးဒ်သိးတါ အင်္ဂါန္နဉ်လီး | |
| | | ြ ဖွဲ့နဖိတ်းမှါမာနှုံတှာ်ဝ | လံတၢ်ကူစါယါဘျါတ | ာခ်ီ•ှဝံသးစူၤပိၵ်ထွဲ | ထို််ုတ်ရုံးနဲဉ်သးဆူညါဒီးနမဲကသံဉ်သရဉ်တက္၊ | |
| | | ၂–မဲအတါဂ့ါကီအပနီဉ်•တါဆါ အ့ဉ်ထုးမဲ့တမ့ါတါဒၢဖံထိဉ်အတ ရဉ်လၢ၂၄–၄၈နဉ်ရံဉ်အတိါပူၤန | ပျံပုံယူလရဉ်လျှထွဉ် | တဖဉ်တါထံဉ်နှ _{င့်} ဝဲအိဉ်ဝဲဒဉ်လီၤ.တ | အီးနှဉ်လီး.တာ်အိဉ်သးလၢမဲအပူးဇိဉ်အိဉ်ဝဲ¢ဉ်•တာ် က်ဟုဉ်ကူဉ်လ၊တာ်ကလဲၤထံဉ်လိဉ်သးဇီးမဲကသံဉ်သ | |
| | | နဖိအံးဟ်ယှာ်ဟ်ဂိါတသဲ့ဘဉ်နှဉ် ဒီးနမဲကသံဉ်သရဉ်အစှၤကတၢါ | ာ်လီး.ပကကျဲးစားသင့ တြန်ဉ်တဘျိတက္နာ်. | မံသမိးအီၤလၢဆူ | မှာ်ညါတဘျိန္ _ဉ ်လီၤ . ဝံသးစူၤထံဉ်လိာဘဉ်နသး | |
| မၤန္နါလံတါဖူန္နါ | iဖလီရဲ | းကသံဉ်န္ဉ်ာလီၤ•ြ မ့ာ်ြတမ့ာ် | | | | |

ဖဲဒီးနှစ်က်ဖူဖလီရုံးကသံဉ်ဝံးအလီစံ

- နဖိတကြားထူးအမဲမ့တမ့ါမၤကဆှဲကဆိုအမဲကဆူးတဖဉ်လၢ၂၄နဉ်ရံဉ်အတိၢ်ပူၤန္ဉ်ာလီၤ.
- ပင့္ခါဟးဆုံးတါ်အီဉ်လ၊အက်ိိုးန်ဖရုံးစၢဉ်လ်,တါဆၢကိုၢိလိဉ်နီးဖီသဉ်တဖဉ်တက္နွာ်.



For more information or if you need help finding a dentist, please call us at 503-521-7166.

Dental Screening Results

Please share this information with your child's dentist

| Name of Child | d: | | Date: | |
|---------------|---|--|---|----|
| | (Last) | (First) | | |
| | th were checked at s a dentist at least on | • | child's results are marked below. Pleas | se |
| DENTAL SCRE | ENING RESULTS | | | |
| | | eth looked great! of dental problems. ! | See your dentist at least once a year. | |
| | cavities were seen in the next month to p | n your child's teeth. A revent serious or m s already receiving to | re found. Possible cavities or small A visit to a dentist is recommended in nore costly problems. treatment, please continue follow-up | า |
| | | r abscesses/infectio | s dental problems were found. Possib on were present. A visit to a dentist is | |
| | Your child was not a Please see your den | • | We'll try again next time! year. | |
| Received fluc | oride varnish: Y | es 🗌 No | | |

AFTER GETTING FLUORIDE VARNISH

- Your child should not brush their teeth or floss for 24 hours.
- Avoid hard foods such as pretzels, candy, and apples.