## **DENTAL REFERRAL CLASSIFICATIONS**

## The CHDP classification of treatment needs is a tool for referring children for dental services.

If a problem is suspected or detected, on line 02 - "DENTAL ASSESSMENT/REFERRAL" enter code 5 in "Problem Suspected" columns C or D. In "Comments/Problems" section, describe the condition and classify using Class II, III, or IV. Enter dentist's name/phone number in "Referred To" box.

## CLASS I: NO VISIBLE DENTAL PROBLEMS

(no decalcification, caries, or gingivitis)

If child has not seen a dentist in the last 6 months, check box "Routine Referral Dental".

<u>Referrals required beginning at age</u> <u>one (1).</u> Refer every six (6) months for maintenance of oral health.





Appears Healthy But Needs Routine Referral

