

**IOWA: Dental Hygienist Public Health Supervision  
Form 1 - CY 2013 Services Report**

Dental Hygienist Name: \_\_\_\_\_

Dental Hygienist Personal Email Address: \_\_\_\_\_

Supervising Dentist\* Name: \_\_\_\_\_

Supervising Dentist Email Address: \_\_\_\_\_

*\*If you have more than one supervising dentist, complete a report for services and settings for each agreement.*

The Iowa Dental Board recommends that this report is shared with your supervising dentist. Type your initials in this box to certify that this report has been shared with your supervising dentist.

Type the date the report was shared with your supervising dentist in this box:

**Public Health Setting:**

*Submit ONE report form for each setting within which you provided services, not for each address/location.*

**Table A: Services and Clients**

Service Provided	Total Number of Services Provided (duplicated)	Total Number Clients Served Ages 0-20 (duplicated)	Total Number Clients Served Ages ≥ 21 (duplicated)
Sealant			
Prophylaxis			
Open Mouth Screening			
Fluoride Varnish Application			
Individual Counseling/Education			
Group/Classroom Education			
Other (specify):			

**Table B: Referrals to Dentist(s)**

	Total Number of Referrals for Regular Care	Total Number of Referrals for Urgent Care
<b>Clients age 0-20</b>		
<b>Clients age ≥ 21</b>		

**Reports must be submitted to the Iowa Department of Public Health  
by January 31, 2014.**

**Use the "Submit Form" box at the top of this form.**

**Dental hygienists providing services using public health supervision are required to report those services to the Iowa Department of Public Health annually.**