附件4

常州市儿童口腔疾病

干预项目（窝沟封闭）筛查登记表

　　　市/区 　　乡镇/街道 　　学校 　　　年级 　班

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 编号 | 姓名 | 性别 | 出生年月 | 需做窝沟封闭牙位 | | | |
| 16 | 26 | 36 | 46 |
| 1 |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |
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| 14 |  |  |  |  |  |  |  |
| 15 |  |  |  |  |  |  |  |
| 16 |  |  |  |  |  |  |  |
| 17 |  |  |  |  |  |  |  |
| 18 |  |  |  |  |  |  |  |
| 19 |  |  |  |  |  |  |  |
| 20 |  |  |  |  |  |  |  |