



Republic of the Philippines
Department of Education
Cordillera Administrative Region
Schools Division of Tabuk City



Office of the Schools Division Superintendent

Division Memorandum
No. 316, s. 2023

August 22, 2023

GUIDELINES ON CONDUCTING DENTAL SERVICES TO SCHOOLS

To:

All District Supervisors / District In-charge
All Health and Nutrition Section Personnel
All School Heads (Elementary / Secondary)
All others concerned

1. To facilitate transactions for dental services, the schools are herein advised to consider the following effective immediately:
 - 1.1 Forward request letter to the Office of the Schools Division Superintendent on the provision of sodium fluoride varnish to kindergarten to grade 3; or dental extraction and dental restoration to Grade 4 to Grade 12.
 - 1.2 Refer to the enclosures for the logistics and parent's consent.
2. Requesting schools will be updated on the agreeable schedule.
3. Patients seeking dental restoration and oral prophylaxis treatment, may walk in at the district clinics, 5 patients shall be accommodated per day (3 in the morning and 2 in the afternoon) to give time for sterilization of materials.
4. Dentists' Schedule are as follows:

Dr. KATHLEEN M. TAGUBAT: Tuesday- Western Tabuk Central School
Thursday- Southern Tabuk Integrated School

Dr. JETH RENZ L. OGGANG: Tuesday- Bulanao Central School
Thursday- Tabuk City Central School
5. Consolidated School Dental Record will be forwarded to the SDO Record Section every 5th of the month.
6. Immediate dissemination of this memorandum is directed.


BENEDICTA B. GAMATERO PhD, CESO V
Schools Division Superintendent



Address: Purok 2, Bulanao Norte, Tabuk City, Kalinga
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DENTAL LOGISTICS FOR TOOTH EXTRACTION SERVICES

- Dental anesthesia (Zeyco/Hizon/any brand) – 1 box is 50 pcs of dental anesthesia/ it depends on the learners' population
- Cotton balls 300 pcs – 2 packs
- Tissue – 4 rolls (25 pesos per pack of Sanicare bathroom tissue)
- Surgical gloves (Medium and Large) – 2 boxes

Medicines

➤ **For Elementary**

1. Amoxicillin 250mg/ 60ml X 5ml -10 bottles
2. Amoxicillin 125mg/ 60ml X 5ml – 10 bottles
3. Paracetamol 250mg/ 60ml X 5ml – 10 bottles
4. Paracetamol 125mg/ 60ml X 5ml – 10 bottles

For High School

1. Amoxicillin 250mg – Capsule/ Tablet
2. Mefenamic Acid 250mg - Capsule/ Tablet



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PARENTAL CONSENT

I hereby give permission for my daughter/son - _____ Grade _____ Section _____ Age _____ to undergo dental treatment (_____).

This consent is given voluntary, and that the dentist is not liable of any untoward incident that may occur during/after the procedure beyond his/her control provided that due care and precaution will be observed to ensure the comfort and safety of my child.

Parent/Guardian

Signature over Printed Name

Date



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