



Republic of the Philippines  
**Department of Education**  
 REGION I



JAN 23 2024

REGIONAL MEMORANDUM  
 No. 0096 S.2024

**SUBMISSION OF ACCOMPLISHMENT DENTAL REPORT FOR FY 2024**

To: Schools Division Superintendents

- Attached is the template for the submission of accomplishment reports for Dental Health Programs. Schedule of submission will be done every second Wednesday of the month, commencing February of this year. Quarterly reports are to be submitted every third Wednesday at the conclusion of each quarter, and the Annual Report is due on the second Wednesday of January 2025.
- All reports must be signed, scanned in PDF format and submitted via email to Dr. Marjorie G. Pudín at marjorie.pudin@deped.gov.ph, with a copy to essd.region1@deped.gov.ph.
- For any inquiries, please reach out to Dr. Marjorie G. Pudín, Dentist III, at 09478733036 or Dentist RO1 GC.
- Be guided accordingly.

For the Regional Director:

*[Handwritten signature]*  
**RHODA T. RAZON**  
 Director III *rece*

To be included in the Perpetual Index  
 under the following subjects

HEALTH EDUCATION  
 REPORTS

ESSD-MGP/RegionalMEMOro1  
 January 4, 2024



Flores St., Catbangan, City of San Fernando, La Union  
 Telephone Nos.: (072) 607-8137/682-2324



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SDO format Header

Grade Level	Annual Enrollment	# of School Visited	Annual Enrollment of school visited	Health Talk Given	Toothbrushing drill	Number of Children						Number of Teeth												
						Male	Female	With Defects	Caries Free	Prophylaxis	# of children given			Extraction		Filling		Permanent			Temporary			
										EX	Fill	Per	Per	Per	Temp	Per	Temp	Per	Temp	Per	Temp	Per	Temp	
Kindergarten																								
Grade 1																								
G2																								
G3																								
G4																								
G5																								
G6																								
G7																								



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G8																											
G9																											
G10																											
G11																											
G12																											
TIP																											
NTP																											
Total																											

Prepared By: \_\_\_\_\_

Dentist -In-Charge

Approved By: \_\_\_\_\_

SGOD-Chief

Noted By: \_\_\_\_\_

SDS