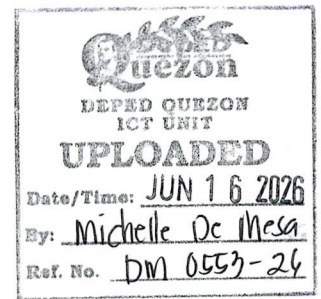




Republic of the Philippines
Department of Education
REGION IV-A - CALABARZON
SCHOOLS DIVISION OF QUEZON PROVINCE



16 June 2026

DIVISION MEMORANDUM

No. 0553, s. 2026

**IMPLEMENTATION OF SCHOOL-BASED DENTAL SERVICES DURING THE
THREE-TERM SCHOOL CALENDAR IN BASIC EDUCATION**

To: Assistant Schools Division Superintendents
Division Chiefs
Elementary and Secondary School Principals
School Dentists and Dental Aides
Teaching and Non-Teaching Personnel
All Others Concerned

1. In reference to DepEd Order No. 28, s. 2018 (Oplan Kalusugan sa DepEd), DO No. 33, s. 2019 (Comprehensive Oral Health Program), DO No. 41, s. 2020 (School Dental Health Program), and DO No. 009, s. 2026 (Guidelines on the Implementation of the Three-Term School Calendar), this Office announces the structured implementation of school-based dental services and official dental referral mechanisms for School Year 2026–2027.
2. To avoid encroaching on instructional time while prioritizing oral health, the **school-based dental services must continue all throughout the school year** except for the wellness break of the learners, teaching, and non-teaching personnel during the Three-Term School Calendar. Service delivery and referral scheduling shall be structured as follows:
 - a. Opening Block (Term 1): Dedicated to the conduct of baseline oral health examinations for learners and preventive dental check-ups for teaching and non-teaching personnel. Urgent dental needs identified during this block must be immediately flagged for referral.
 - b. Instructional Block (Terms 1, 2, and 3): Regular dental visitations and minor clinical procedures (fillings, application of fluoride and sealants, simple extractions) shall continue. School dentists shall coordinate with school heads for the schedule of dental visits, and school heads shall make the necessary adjustments with minimal disruptions of classes, utilizing vacant or non-academic periods.
 - c. End-of-Term Block: Dedicated to advanced dental care and treatments. Teaching and non-teaching personnel are encouraged to utilize Days 1 to 5 of this block for complex dental operations and consultations, keeping their scheduled wellness breaks entirely free from clinical interventions.



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3. To guarantee continuity of oral healthcare, all schools shall strictly implement the following Dental Referral Mechanisms:
 - a. For Learners:
 - i. Screening & Detection: If a learner is found to have severe dental caries, malocclusion, periodontal infection, or other advanced dental conditions during school check-ups, the concerned School Dentist shall complete an official **DepEd Dental Referral Form and Return Slip (SHD Form 3B)**.
 - ii. Parental Coordination: School Heads and clinic staff shall issue the referral form to the parents or legal guardians, detailing the required specialized dental intervention.
 - iii. External Routing: The learner shall be referred to Rural Health Unit (RHU) dentists, public hospital dental departments, accredited partner dental specialists, or private dental practitioners.
 - iv. Feedback Tracking: Parents must return the accomplished lower portion (Return slip) of the referral form signed by the attending dentist to the school clinic for documentation and recovery tracking.
 - b. For Teaching and Non-Teaching Personnel:
 - i. Advanced Dental Care: Personnel requiring complex oral surgeries, root canal therapy, or extensive prosthodontic work that cannot be performed in the school clinic shall be issued referral slips to PhilHealth-accredited centers or partner dental providers.
 - ii. Minimizing Class Disruption: To protect instructional blocks, personnel must schedule non-emergency, external dental referrals during the End-of-Term Blocks (Days 1-5) or outside their regular work hours.
4. School Dentists and Dental Aides shall maintain an active registry of all oral examinations, treatments administered, and active dental referrals to be consolidated and submitted monthly.
5. Immediate dissemination of and strict compliance with this Memorandum are highly desired.


ROMMEL C. BAUTISTA, CESO V
Schools Division Superintendent

shsjmevp06/16/2026



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[Enclosure to DM No. 055 s. 2026]

2019 SHD Form 3B

Republic of the Philippines
 DEPARTMENT OF EDUCATION
 Region IV- A CA;ABARZON
 Division of Quezon

 School Name/ID

DENTAL REFERRAL FORM

Patient's Name: _____
 Age: _____
 Phone Number: _____

Dear Dr.: _____

I am referring _____ to your office for:

<input type="checkbox"/>	Oral Prophylaxis									
<input type="checkbox"/>	Restoration	18	17	16	15	14	13	12	11	21
<input type="checkbox"/>	Extraction	47	47	46	45	44	43	42	41	31
<input type="checkbox"/>	Other Procedures:									

Note: (Example: Resto#16, Exo #46) If OUT is needed

Sincerely:

 School Dentist

 Name of Institution

DENTAL TREATMENT SLIP
 (Kindly return this Dental Slip)

Dental Procedure done:

Oral Prophylaxis _____

Restoration _____

Extraction _____

Other Procedures: _____

Signature: _____

NAME OF DENTIST: _____

Lic. No.: _____



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