



Name: \_\_\_\_\_  
 DOB: \_\_\_\_\_  
 Classroom: \_\_\_\_\_

**Exam Date:** \_\_\_\_\_

**Dental Examination**

**Diagnostic/Preventative Services:**

Examination     Prophylaxis/Cleaning     X-Rays     Fluoride Varnish     Sealant  
 Other- Please Describe: \_\_\_\_\_

**Counseling/Anticipatory Guidance:**

Well Water?     Yes     No    →    Well Water Tested:     Yes     No  
 Results: \_\_\_\_\_

Bottle Tooth Decay:     Yes     No    Fluoride Tablets Prescribed:     Yes     No  
 Other- Please Describe: \_\_\_\_\_

Oral Health Status:     No Dental Decay Present     Dental Decay Present  
 Other/Comments: \_\_\_\_\_

**Dental Treatment**

Dental Treatment - Includes restoration, pulp therapy, or extraction. It does not include fluoride application or cleaning.

No Treatment Given     Treatment Given - Date Dental Treatment Occurred: \_\_\_\_\_

**Treatment Needed:**

Restoration(s)     Extraction(s)     Pulp Therapy     Other: \_\_\_\_\_

Treatment Status:     More Treatment Needed     All Treatment Completed  
 Other/Comments: \_\_\_\_\_

**Future Follow-Up Appointments**

**Care Needed at Next Visit:**

Routine Preventative Care Only    →    Appointment Date \_\_\_\_\_

OR

Restoration(s)     Extraction(s)     Pulp Therapy     Other    →    Appointment Date \_\_\_\_\_

**Referral(s) Needed:**

None     Pediatric Dentist     Needs Treatment Under General Anesthesia

Referred to: \_\_\_\_\_ → Appointment Date \_\_\_\_\_

Health Care Provider Name:	Clinic Name/Address (Stamp):
Provider Signature:	
Date Completing Form:	
Phone Number:	

**Parent – Sign below:**

I hereby give my permission to the Health Care Provider listed above to release information regarding the medical care provided to myself/my child to CAP Agency Head Start. I reserve the right to revoke my permission at any time and this release will automatically expire one year after the date of my signature.

Signature \_\_\_\_\_

Date \_\_\_\_\_

\*\*\*\*\*FOR OFFICE USE ONLY\*\*\*\*\*

FE \_\_\_\_\_ Class \_\_\_\_\_

Entered \_\_\_\_\_