LUZERNE COUNTY HEAD START, INC. **CENTER:_____**

Serving Luzerne & Wyoming Counties

DENTAL EXAM & TREATMENT RECORD

EARLY HEAD START/HEAD START CHILD: _____ D.O.B.____/____/____

Dental Office Computer Print Out Accepted

EXAM

Date of Visit: ____/_____/_____

Exam: ☐ Yes ☐ No

Cleaning: ☐ Yes ☐ No

Fluoride: ☐ Yes ☐ No

Does child receive daily fluoride supplementation? ☐ Yes ☐ No

Does child need restorative treatment? ☐ Yes ☐ No

TREATMENT STATUS

Treatment needed: ☐ Restorations ☐ Pulp Therapy ☐ Extractions ☐ Other: _____

Treatment will be done by: ____ this office / ___ referral to Pediatric Dentist

Has treatment been initiated? ☐ Yes ☐ No

Has treatment been completed? ☐ Yes ☐ No Date Completed: ___/___/____

NEXT VISIT

Date: _____ Time: _____

Purpose: ☐ Recall for Preventative Visit ☐ Treatment

Dentist Signature: _____ Date: _____/_____/_____

Print/Stamp: _____