Dental Exam Form

This form must be completed and returned to The Village for Early Childhood Education at North 1907 West Powers Avenue Littleton CO 80120

Office 303-347-6985 FAX 303-347-6981

Child's Name				Date of Birth:	
al Health Provider, please complete this important oral health form as it is a record of					
Current dental cond	erns:			ervices are still needed:	
				ervices are still needed:	
Current Oral Health Status		Dental Examination Date:			
Does the child have any teeth with untreated decay?			□ Yes	□ No	
Does the child have	any teeth	that have previously be		ecay, including fillings, crowns, or extractions?	
Are there treatment	needs?	☐ Yes, not urgent	☐ Yes, urgent	☐ No treatment needs	
Diagnostic/Preventive Services				e/Emergency Care	
Examination:			•	□ Yes □ No	
X-rays:				☐ Yes ☐ No	
Risk assessment:				□ Yes □ No	
	□ Ye		Emergency	Care: ☐ Yes ☐ No	
Fluoride varnish:					
Dental sealants:	□Ye	s ∐ No			
Future Oral Healt	h Care Se	ervices			
All treatment comp	leted:	Yes □ No Nex	t appointment da	ate:	
Comments:					
			Offic	e Stamp	
Dentist Signature:					
			Or wr	rite Name, Address, Phone Number	
As Parent or Legal Guardian of				, I hereby give my permission for the abo	
information to be re	eleased to	The Village for Early C	hildhood Educat	tion at North.	
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