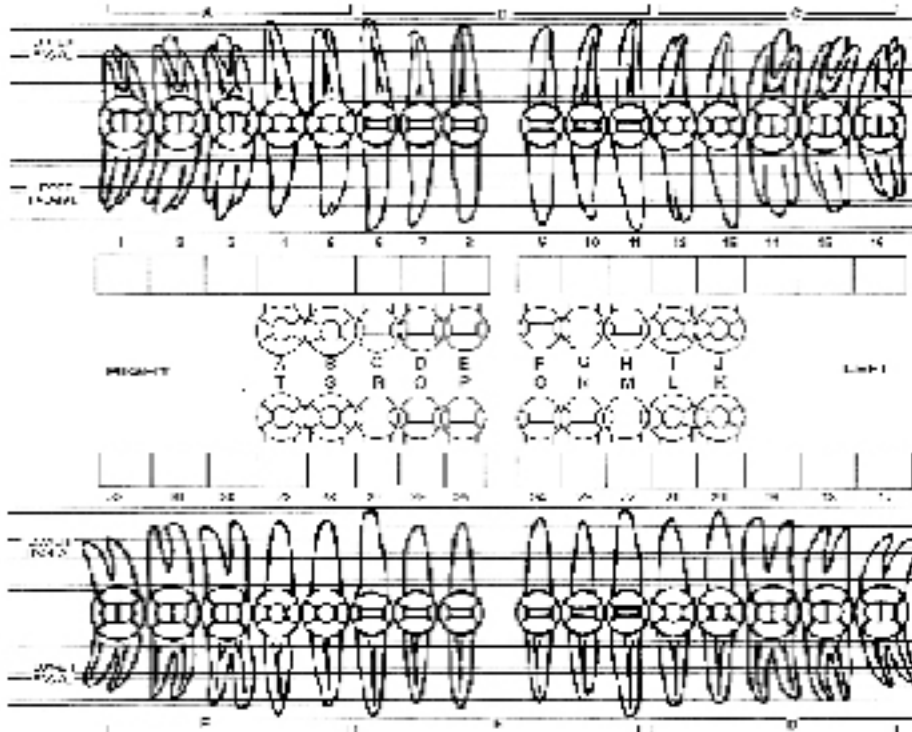


**Pine Bluff, Jefferson County EOC Head Start  
817 S. Cherry**

**DENTAL EXAM FORM**

**Child's Name:** \_\_\_\_\_  
**Date Of Birth:** \_\_\_\_\_ **Sex:** Male or Female



**DENTAL SERVICES** (Please check all that apply):

- A. TREATMENT NEEDED: YES or NO (No. of Appts. needed) \_\_\_\_\_
- B. TREATMENT COMPLETED
- C. CLEANING
- D. FLUORIDE & PROPHY
- E. FILLINGS, CAPS, EXTRACTIONS, SEALANTS. ETC. \_\_\_\_\_
- F. NO PROBLEMS, ROUTINE RECALL VISITS (Please List Date \_\_\_/\_\_\_/\_\_\_)

**Date of Exam:** \_\_\_\_\_ **ORAL CONDITIONS:** \_\_\_\_\_

**Dental Provider:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_