## JEFFERSON COUNTY HEAD START

Serving Jefferson, Clear Creek, Gilpin, and Park counties

## **DENTAL HEALTH EVALUATION**

CHILD'S NAME:	BII	RTHDATE:	CENTER/CLASS:
Date of Exam:	Routine Exam □ Fol	low Up Treatment □	Primary Dental Home □ YES □ NO
	Preventative care Received today  □ Cleaning □ Fluoride Application □ Sealants  Oral Health Status:	: Comments:	
B LINGUAL J J J J J J J J J J J J J J J J J J J	□ No Oral health disease □ Active oral health disease □ Cavities (#  Treatment Received Today: □ Restoration(#		
RIGHT LEFT  BY S  LINGUAL  LEFT  K  LINGUAL  L	Treatment Needed at Next Visit:  □ No treatment needed, recall in 6 mor  □ Preventative Care (ex. Sealants)  □ Restoration  □ Extraction  Referrals:	11	per of visits needed: (#) tment:
P O N	<ul> <li>□ Needs referral to pediatric dentist</li> <li>□ Needs treatment under general anest</li> <li>□ Needs referral to other dental special Referred to:</li> <li>Name:</li> </ul>	listPhone Number:	Appointment Date:
Signature of Provider:	Printed Name		
Address.	Phone	Fa	v.

Return Fax: 720-898-0664