



DENTAL CARE VISITS

This form is to be completed every time a child sees a dental care provider.

This section is to be filled out by the Resource Parent:

Child's Name:	Date of Visit:
Social Security # (optional):	Date of Birth:
Resource Parent Information:	Date of Placement:

This section is to be filled out by the Dentist:

Dentist's Name:	
Address:	
Telephone:	Fax:
Reason for Visit:	
Type of Treatment Received:	
Dentist Office Notes:	

Please Check:

Is this a Dental Examination?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Is this a Follow-Up Visit?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Is Follow-Up needed by Resource Parent?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO

If YES, what is the Follow-Up:

Dental Office Stamp