DULUTH PRESCHOOL DENTAL EXAMINATION RECORD

215 N 1st Ave East, Room 300, Duluth, MN 55802
PHONE: 218-336-8815/ FAX 218-336-8819

Child's Name:	Birth date:

Payment Method: ❑ Medical Assistance ❑ MN Care ❑ Private Insurance ❑ Indian Health ❑ Parent ❑ Head Start (requires pre-authorization)

Has child ever visited a dentist? ❑ Yes ❑ No

If yes, dentist name and approximate date of visit:

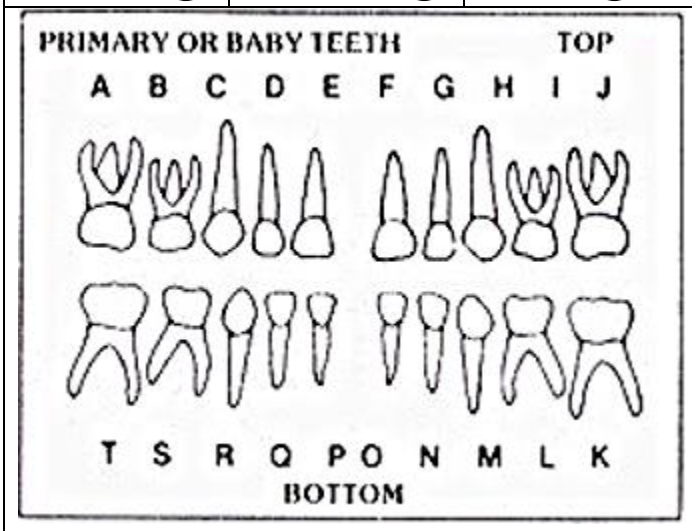
Medical or dental problems, including allergies:

Water supply is fluoridated: ❑ Yes ❑ No

If no, recommendations for supplement(s):

Oral Conditions Before Treatment
(please indicate restorations performed on chart to right)

missing ⊗ decayed ▨ filled ◔



EXAMINATION AND TREATMENT RECORD

Tooth or Letter	Surface	Services Recommended	Completion Date	Fee

PREVENTIVE CARE GIVEN

❑ Fluoride ❑ Cleaning ❑ X rays

Dental Repair is complete? ❑ Yes ❑ No

More appointments are needed to complete work? ❑ Yes ❑ No

If yes, how many appointments are required? Next appointment date:

What type of dental repair is needed?

Comments or recommendations:

Dentist's Name:	Actual Exam Date:
Dentist's Signature:	Signature Date:

DENTAL PROVIDER:	This form should be returned to the Duluth Preschool Office after the dental exam, even if additional work may be required. Thank you.