

Dental Record Form for Children in Substitute Care

Child's Name:

Date of Birth:

Dentist's Name:

Date of Exam:

Address:

Type of Examination

- Initial Exam
- Six Month Check-up
- Other:

Dentist's Procedure:

Significant Dental Problems

Yes No

Description of Problems:

Special Instructions:

Date Of Next Examination:

Dentist's Name:

Date: _____

Please print

Signature

Please Return:

Mail to: Stark County Job & Family Services
Children Services Division
402 2nd Street SE
Canton, OH 44702

or Fax to: (330) 451-8706