

**ROCKY MOUNTAIN DEVELOPMENT COUNCIL, INC. (RMDC)
HEAD START
DENTAL EXAM**

Child's name: _____ Date of Birth: _____

Parent(s)/Guardian: _____

Per Head Start's Performance Standards preventative dental services and treatment are designed to ensure that a child's teeth and gums are healthy, and that dental health problems do not adversely affect a child's overall health. Fluoridation is one of the most effective means of preventing tooth decay.

DENTAL REPORT

Date of exam _____ Name of Dentist (printed) _____

_____ This child was examined; there were NO dental problems. Regular six month checkups were encouraged.

_____ Cleaning and preventative Fluoride Treatment were completed.

_____ This child needs dental treatment for _____

_____ This child has SEVERE dental problems and needs immediate care.

_____ Follow up appointments for treatment have been scheduled for _____ (date)

(Signature of Dentist)

(Date)

Please fax information to 447-1629, Attn: Health Manager, RMDC Head Start

For Office Use

Health Manager _____

ChildPlus Scan/Date _____ (Initial and Date)

Shred