

PREVENTIVE DENTAL CARE CARD

Participant's Name _____

DOB _____

Head Start Federal guidelines require Preventive Dental Care:

- Prophylaxes
- Cleaning
- Topical fluoride
- Dental health education
- Examination with x-ray if necessary

If restorative treatment is needed, dental follow-up as recommended by dental professional is necessary

After preventive care appointment - complete this card - give to parent

Preventive Care	
Date of Visit	____ / ____ / ____
Preventative Care Complete	<input type="checkbox"/> Yes <input type="checkbox"/> No
Next recall Date	_____

Exam Results	
Restoration Needed	<input type="checkbox"/> Yes <input type="checkbox"/> No
Estimated Number of Appts.	_____
Next Appointment Date	____ / ____ / ____
Date Restoration Completed	_____

Practice Name _____

Date of Service _____

Dentist Signature _____

Address _____

Phone Number _____

Phone _____

Date & initials received _____

Entered in ChildPlus

Attached in ChildPlus