Kosciusko County Head Start/EHS

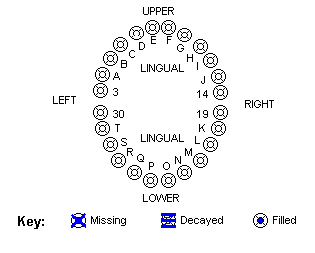
811 S Buffalo Street Warsaw, IN 46580

574-267-2451 • FAX 574-267-1998 • 800-315-2308

**Dental EXAM Form**

**Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ D.O.B.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parents: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of Visit:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**



\_\_\_\_\_\_Professional dental exam completed

\_\_\_\_\_\_X-rays Taken

\_\_\_\_\_\_Preventative Care Provided cleaning, fluoride, Oral health instruction

**FINDINGS**:

\_\_\_\_\_\_ All findings are within normal limits.

**RESTORATIVE CARE PROVIDED TODAY:**

**\_\_\_\_\_\_** Fillings

\_\_\_\_\_\_ Crowns

\_\_\_\_\_\_ Extractions

\_\_\_\_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Still Needed:** **\_\_\_\_\_\_** Fillings

\_\_\_\_\_\_ Crowns

\_\_\_\_\_\_ Extractions

\_\_\_\_\_\_ Referral to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_Additional Information : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***\*\*\*\*\*\*Please complete the information below\*\*\*\*\*\****

\_

\_\_\_\_\_\_ Treatment is **not complete**.

\_\_\_\_\_\_ Next exam /**cleaning due: \_\_\_\_\_\_\_ months**

\_\_\_\_\_\_ **Follow up appointment scheduled**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## The above service(s) were completed as indicated:

## Signature of Dentist: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed name and phone/stamp: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parents, Return this form to your child’s teacher As soon as Possible or**

**Request Dentist to fax :**

**Kosciusko Head Start/EHS 574-267-1998 Attention Health Coordinator**



A Division of Cardinal Services, Inc. of Indiana • Serving Children and Families in Kosciusko County

Education • Health Services • Special Services • Family Services

Kosciusko County Head Start/EHS

811 S. Buffalo St., Warsaw, IN. 46580

(574) 267-2451 or 1-800-315-2308

Fax (574) 267-1998

**Authorization for Use and Disclosure of Protected Health Information**

***AUTORIZACIÓN PARA OBTENER INFORMACIÓN MÉDICA O DENTAL***

**Child Information*/Información de niño/a:***

**Printed Name/ *Nombre del Niño*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date Of Birth/ *Fecha de Cumpleaños*:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address/*Dirección:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City/*Ciudad:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State /*Estado*\_\_\_\_\_\_ Zip/*Codigo:* \_\_\_\_\_\_\_**

**Telephone/*Telefono:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Information To Be Released/*Información que va a ser revelada:***

**Date of Service/ *Fecha de Servicio*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ N/A.**

**DENTIST/ *Dentista*: Please complete this KCHS/EHS Oral Health Form (*Examen Dental*) and send to:**

**Kosciusko County**

**Head Start/Early Head Start**

**811 S Buffalo St.**

**Warsaw, IN 46580**

**Attention: Health Coordinator**

**Or FAX: 574-267-1998**

**Thank you/*Gracias,***

**Parent Signature/ *Firma:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date/ *Fecha:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Printed Parent/Guardian Name/*Nombre de Padre/Guardian*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**