

Bradford-Tioga Head Start, Inc.

5 Riverside Plaza, Blossburg, PA 16912 Phone (570) 638-1400 Fax (570) 638-1425

CHILD'S DENTAL RECORD

Parent/Staff Section

BACKGROUND INFORMATION

Parent/Staff Section

Child:	DOB:	Is the child receiving fluoride supplements? Yes No	Comments
Parent/Guardian:		Does the child need dental pre-medication (antibiotic)? Yes No	
BTHS Classroom:		Does the child have a "Medical Alert" condition? Yes No	

Dentist/Hygienist Section

DENTAL PROPHYLAXIS (Preventive)

Dentist/Hygienist Section

Date Of Service	Services Provided (please check)				Comments
	Sedation	Cleaning	Fluoride	Sealant	

DENTAL ASSESSMENT

Date Of Service	Services Provided (please check)				Recommendations		
	Sedation	Exam	X-ray	Sealant	No treatment needed	Return visit (treatment needed)	Referral (treatment needed)
						Reason:	Reason: To Whom:
						Reason:	Reason: To Whom:

DENTAL TREATMENT (Restorative)

Date Of Service	Treatment Provide (please indicate #'s, e.g. 2 fillings)							Recommendations		
	Anesthetic	Sedation	Filling	Pulpotomy	Extraction	Crown	Other	Treatment complete	Return visit	Referral
									Reason:	Reason: To Whom:
									Reason:	Reason: To Whom:
									Reason:	Reason: To Whom:
									Reason:	Reason: To Whom:

Signature:	Date:
Name (printed)	