

Learning Steps Preschool
Dental Exam

Parent/Guardian: To ensure good dental health, every child needs to have a dental exam. This checkup may be done by your own dentist.

Child's Name _____ Date of Birth _____

Parent/Guardian Name _____ Phone# _____

Address _____

I authorize my dental clinic to release this completed form to Learning Steps Preschool.

Parent Signature _____ Date _____

Please fax to 740-653-4053, ATTN: Janet Adcock.

To be completed by the dentist:

This child received the following treatment in my office:

___ Dental Exam

___ Fillings

___ X-rays Taken

___ Emergency Treatment

___ X-rays Read

___ Extractions

___ Cleaning

___ Steel Crowns

___ Topical Fluoride Application

___ Space Maintainers

___ Sealants

___ Other-Please explain:

___ All treatments are complete.

___ All Treatments are NOT complete. The following is still needed:

___ Take X-rays

___ Extractions

___ Read X-rays

___ Steel Crowns

___ Topical Fluoride Application

___ Space Maintainers

___ Sealants

___ Other-Please explain:

___ Fillings

Dentist's printed name

Dentist Signature

Telephone#

Date of exam

Dentist address