

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