

# MONONGALIA COUNTY SCHOOLS DENTAL FORM

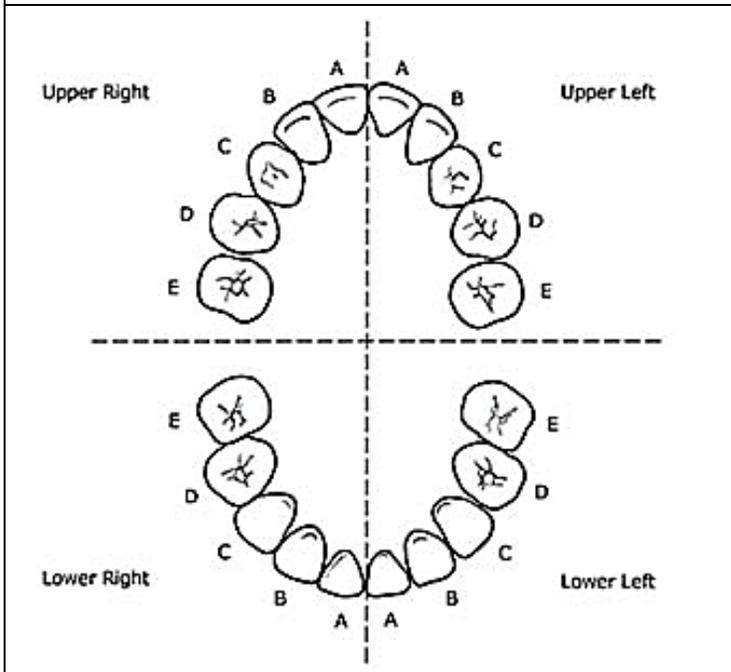
Child's Name:	Date of Birth:	Gender:
Address:		Phone:

<b>Dental Needs:</b> <input type="checkbox"/> Cleaning <input type="checkbox"/> Exam <input type="checkbox"/> Fluoride Treatment Received <input type="checkbox"/> Sealant Administration <input type="checkbox"/> No Problems Noted	<b>Treatment Required:</b> <input type="checkbox"/> Restoration <input type="checkbox"/> Pulp Therapy <input type="checkbox"/> Extraction <input type="checkbox"/> Other _____
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**Oral conditions prior to today's visit: (Please indicated on diagram all that applies)**

Missing Tooth: ( X )      Decayed Tooth: ( = )      Filled Tooth: ( ● )

DATE	TOOTH #	UR/UL LR/LL	SURFACE	DESCRIPTION OF WORK
				NEXT SCHEDULED APPOINTMENT



**Provider Signature required for validation:**

Date of Service: \_\_\_\_\_

Name of Clinic: \_\_\_\_\_

\_\_\_\_\_  
Signature of Dental Provider

**Please return this form to:**

Monongalia County Schools  
 Head Start Office  
 1433 Dorsey Avenue  
 Morgantown, WV 26501  
 Fax: (304) 291-9324