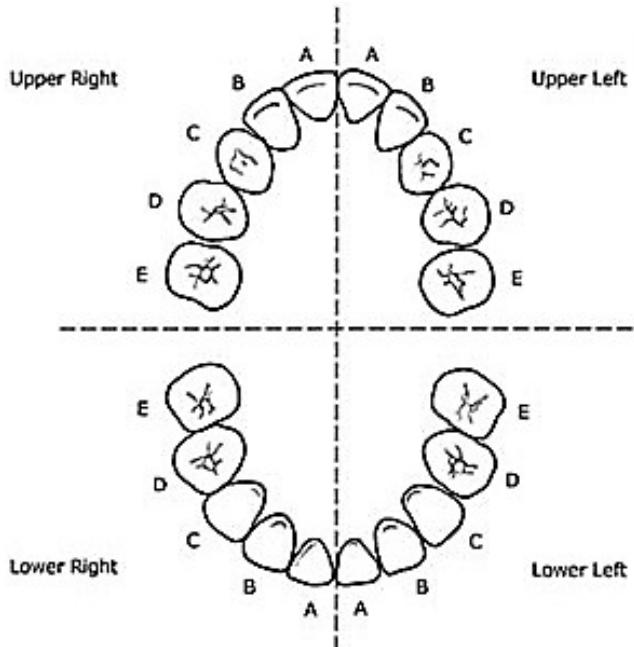


**MONONGALIA COUNTY SCHOOLS DENTAL FORM**

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 _____																														
<b>Oral conditions prior to today's visit: (Please indicate on diagram all that applies)</b>																																
Missing Tooth: ( X )      Decayed Tooth: ( = )      Filled Tooth: ( — )																																
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">DATE</th> <th style="width: 15%;">TOOTH #</th> <th style="width: 15%;">UR/UL LR/LL</th> <th style="width: 15%;">SURFACE</th> <th style="width: 40%;">DESCRIPTION OF WORK</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr style="background-color: black; color: white;"> <td> </td><td> </td><td> </td><td> </td><td>NEXT SCHEDULED APPOINTMENT</td></tr> </tbody> </table>			DATE	TOOTH #	UR/UL LR/LL	SURFACE	DESCRIPTION OF WORK																									NEXT SCHEDULED APPOINTMENT
DATE	TOOTH #	UR/UL LR/LL	SURFACE	DESCRIPTION OF WORK																												
				NEXT SCHEDULED APPOINTMENT																												
		<b>Provider Signature required for validation:</b>  Date of Service: _____  Name of Clinic: _____  <hr style="width: 20%; margin-left: 0;"/> Signature of Dental Provider																														



**Please return this form to:**

Monongalia County Schools

Head Start Office

1751 Earl L Core Rd

Morgantown, WV 26505

Fax: (304) 291-9324