

MONONGALIA COUNTY SCHOOLS DENTAL FORM

Child's Name:	Date of Birth:	Gender:		
Address:		Phone:		
Dental Needs: <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		Treatment Required: <input type="checkbox"/> Restoration <input type="checkbox"/> Pulp Therapy <input type="checkbox"/> Extraction <input type="checkbox"/> Other _____		
Oral conditions prior to today's visit: <i>(Please indicated on diagram all that applies)</i> Missing Tooth: (X) Decayed Tooth: (=) Filled Tooth: (—)				
DATE	TOOTH #	UR/UL LR/LL	SURFACE	DESCRIPTION OF WORK
				NEXT SCHEDULED APPOINTMENT
Empty space for diagram or notes				Provider Signature required for validation: Date of Service: _____ Name of Clinic: _____ <div style="border-top: 1px solid black; text-align: center; margin-top: 20px;"> Signature of Dental Provider </div>

	<p>Please return this form to:</p> <p>Monongalia County Schools</p> <p>Head Start Office</p> <p>1751 Earl L Core Rd</p> <p>Morgantown, WV 26505</p> <p>Fax: (304) 291-9324</p>
--	---