Three Rivers Community Action, Inc.
1414 North Star Drive, Zumbrota, MN 55992
Phone: 507-951-9954   Fax: 507-933-4481

Child Dental Health Record

Last name　　　First　　　Middle　　　Birth date　　　Site　　　Date

Parent/Guardian Name　　Address　　City, State, ZIP　　　Phone#

Child's Medical Insurance　　　　　Child's Medical Insurance Number

Please return this completed form to
Three Rivers Head Start at the address on the top of this form.

Dentist Report

This child received the following treatment in my office:

Dental Examination/BSS　　　　Fillings
X-Rays　　　　　　　　　　　　Extractions
Topical Flouride Application　　　Steel Crowns
Cleaning　　　　　　　　　　　Space Maintainers
Sealant Application　　　　　　　Other_____

ALL Treatment IS complete.

All Treatment is NOT complete - the following is still needed:

Dental Examination/BSS　　　　Fillings
X-Rays　　　　　　　　　　　　Extractions
Topical Flouride Application　　　Steel Crowns
Cleaning　　　　　　　　　　　Space Maintainers
Sealant Application　　　　　　　Other_____

Comment_____

_____

Next Appointment Date:

Provider's Signature

Print Provider's Name　　　　　　Provider's Phone　　　　　　Date of Exam

Provider's Address