



Glen Cove Child Day Care Center Inc.

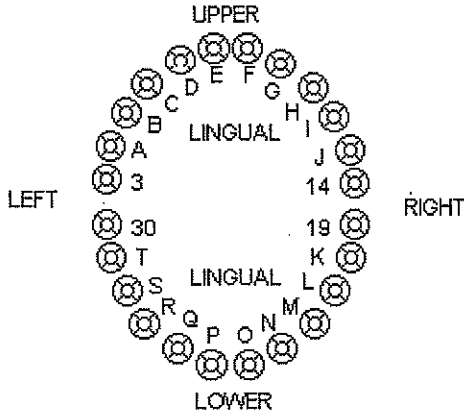
1 Carney Street Ext. PO Box 191 Glen Cove, NY 11542
Phone: (516) 671-2880 Fax: (516) 671-7401



Dental Exam Form

Child's Name: _____ D.O.B.: _____

Parent Name: _____ Date of Visit: _____



EXAM:

- _____ Professional dental exam completed
- _____ X-rays Taken
- _____ Preventative Care provided cleaning, fluoride, Oral health instruction

FINDINGS:

_____ All findings are within normal limits.

RESTORATIVE CARE PROVIDED:

- _____ Fillings
- _____ Crowns
- _____ Extractions
- _____ Other _____

Key: Missing Decayed Filled

FOLLOW UP:

_____ Further Treatment needed _____

_____ Referred to: _____

_____ Additional Information _____

*****Please complete the information below*****

_____ Treatment is currently complete.

_____ Treatment is not complete. _____ Follow up appointment date _____

_____ Next exam /cleaning due _____ months

_____ Vitamins with Fluoride have been prescribed

The above service(s) were completed as indicated:

Signature of Dentist: _____ Date: _____

Printed name and phone/stamp: _____

**Please return this form to the health office or
Request it to be faxed to:
Glen Cove Child Day Care 516-671-7401 Attention Health Coordinator**