Hillsborough County PUBLIC SCHOOLS
Preparing Students for Life

Head Start Program
4350 East Ellicott Tampa, Florida 33610
Phone (813) 740-7870 – Fax (813) 740-7893

Dental Exam Verification Form/ Examen Dental Formulario de Verificación

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

Parents: _____ School/Classroom: _____

EXAM DATE: _____

_____Professional dental exam completed
_____X-rays Taken
_____Preventative Care Provided [cleaning, fluoride, Oral health instruction]

FINDINGS:

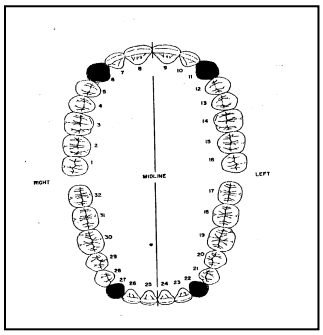
_____ All findings are within normal limits.
_____ **Finding indicates cavities or other dental issues [follow-up treatment required].**

PREVENTIVE CARE

_____ Primary Sealants
_____ Flouride

RESTORATIVE CARE PROVIDED DATE: _____

_____ Fillings
_____ Crowns
_____ Extractions
_____ Other _____



FOLLOW-UP:

_____ Further Treatment needed _____
_____ Referral to: _____
_____Additional Information _____
_____

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

_____ Treatment is currently **complete.**
_____ Treatment is **not complete**.
_____ Follow up appointment scheduled _____
_____ Next exam /**cleaning due: _____ months**

The above service(s) were completed as indicated:
Signature of Provider: _____ Date: _____

Printed name and phone/stamp: _____

A DENTAL EXAM IS A MANDATORY HCPS HEAD START REQUIRMENT
UN EXAMEN DENTAL ES UN REQUERIMIENTO OBLIGATORIO DEL PROGRAMA DE HCPS HEAD START

Parents, Return this form to your child's teacher as soon as possible or Request Dentist to fax:
Head Start Program Fax: (813) 740-7893
Attn: Health