

# CHILD'S DENTAL ASSESSMENT



Champions Preschool @ TLC/Morrison  
 2131 Timber Lane, Dayton, OH 45414  
 Phone: 937-424-1800 Fax: 937-278-3089

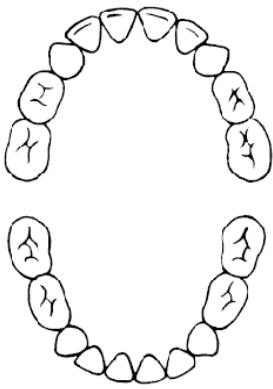
## GENERAL INFORMATION

Child's Name: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Phone Number \_\_\_\_\_

Address: \_\_\_\_\_

## EXAMINATION & TREATMENT RECORD



Tooth # or Letter	Surfaces	DESCRIPTION OF SERVICE (including X-rays, materials used, prophylaxis, etc.)	Date Services Performed	ADA Procedure Number

**IMPORTANT:** Please check where applicable.

\_\_\_\_\_ Additional work is needed. \_\_\_\_\_ All work has been completed.

\_\_\_\_\_ Treatment discontinued. Please explain below in Assessment Findings.

## ASSESSMENT FINDINGS

Does this condition require additional medical attention? ( ) YES ( ) NO

## DENTIST'S CERTIFICATION

I hereby certify that the services listed above have been performed.

Dentist's Signature \_\_\_\_\_ Date of Assessment \_\_\_\_\_

Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Fax Number \_\_\_\_\_