

**DENTAL REPORT OF CHILD
IN SUBSTITUTE CARE
(for children three years of age or older)**

Name: _____

Date of Birth: _____

Date of examination: _____

X-rays _____ Cleaning _____

A. Condition of Gums: _____

B. Condition of Teeth: _____

C. Corrective Work Needed:	Date Completed:
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

D. General Impressions and Recommendations: _____

Signed: _____

Dentist

Address: _____

Phone: _____