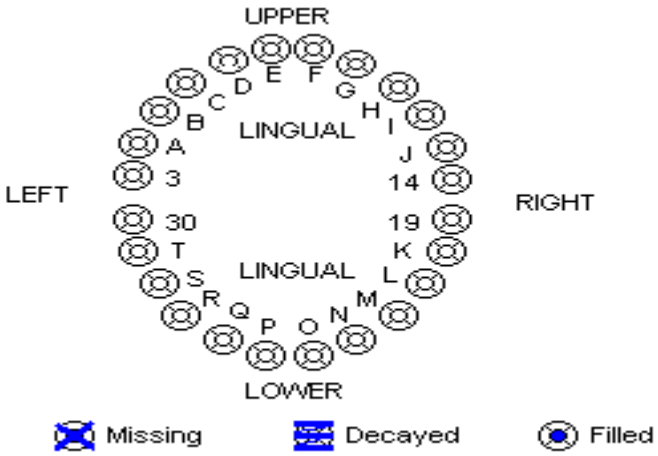
GPISD BECKER EARLY HEAD START
1908 2ND. ST. GALENA PARK, TX 77547 **P** (832) 386-2000 **F** (832) 386– 2020

Child Oral Exam Form

Child's Name_____ Date of Exam_____

DOB_____



Services provided at visit (Mark all that apply):

___Exam ___Cleaning ___Sealants ___ Fluoride
___Other: please list_____

Dental Needs(Mark all that apply)

__No needs __Fluoride Supplement ___Further treatment needed (please list):_____
__Other: please list:_____

Overall Condition(Circle one)

Healthy oral condition Moderate oral condition Fair oral condition Poor oral condition

Education/Instructions (Mark all that apply)

___Oral hygiene ___Weaning off bottle ___ Baby Bottle Caries ___Nutrition
___Other: please list_____

Treatment/Follow-up

___No further treatment needed, **return in 3 or 6 months (circle one)** for routine care and treatment

___Follow-up needed in ____ days, weeks, months (circle one)
Type of treatment needed (mark all that apply):
___Extraction
___Surgery
___Crowns
___Fillings
___Other (please list):_____

Additional Comments:

Provider Name_____**Address**_____

Provider Signature_____**Phone Number**_____

Please return this form to: Health Specialist