

Child's name _____

Date of Visit:		Reason for visit:	
Type of Fluoride child receives:	Yes	No	Unknown
Topical Fluoride Application			
Fluoride water			
Fluoride supplement diet? (tablets____ or liquid____)			

Oral conditions:	Missing:	Decayed:	Filled:
Tooth # or Letter			

Exam Results: Check all that apply	
Cleaning _____	Explain:
Fluoride _____	
Treatment _____	
No Problems _____	

Treatment Follow up: Care is _____ is not _____ complete
Next Appointment Date: _____

Anesthesia Treatment Necessary for: _____ cleaning _____ filling and other major dental work Special considerations for Anesthesia: _____

Important Dental Care Reminders:

- **Dental diseases can be passed from person to person. So it is important that Moms and Dads take care of their teeth, as well as, their children's teeth.**
- **It is important to remember that drinks are for meal times only. If a child has access to juice, pop, milk, etc. all day, their mouth will never have the chance to recover, and bacteria will grow. Make drinks, other than water, accessible only during certain times of the day and brush or rinse with water promptly!**