

**TUSCARAWAS COUNTY JOB & FAMILY SERVICES
DENTAL RECORD FORM FOR CHILDREN IN SUBSTITUTE CARE**

PLEASE PRINT

CHILD'S NAME	DATE OF BIRTH
DENTIST	DATE OF EXAM
ADDRESS	

TYPE OF EXAMINATION

- INITIAL EXAM
 SIX MONTH CHECKUP
 OTHER

DENTIST'S PROCEDURES

SIGNIFICANT DENTAL PROBLEMS

- YES
 NO

DESCRIPTION OF PROBLEMS

SPECIAL INSTRUCTIONS

DATE OF NEXT EXAM

SIGNATURE OF DENTIST

RETURN TO:

TUSCARAWAS COUNTY JOB & FAMILY SERVICES
389 16TH STREET, SW
NEW PHILADELPHIA, OHIO 44663-6401