


# Verification of Dental Exam

Fax Number: 303-806-2535

This form MUST be completed and returned to the Englewood ECE Program at Maddox within 90 DAYS after enrollment. Please contact the ECE Family Service Liaison or the ECE Health Assistant if you need help finding a pediatric dentist.

Child's Name \_\_\_\_\_

Child's Date of Birth \_\_\_\_\_

-  Oral Health Provider, please complete this important oral health form as it is a record of:
- b/ Current dental concerns.
  - c/ What oral health care services were received at this visit, and what services are still needed.
  - b/ Dental home status for this child.

Dental Exam Date \_\_\_\_\_

**DENTAL OFFICE MUST COMPLETE THIS SECTION**

### Current Oral Health Status

- Does the child have any teeth with untreated decay?     Yes     No
- Does the child have any teeth that have previously been treated for decay, including fillings, crowns, or extractions?     Yes     No
- Are there treatment needs?     Yes, not urgent     Yes, urgent     No treatment needs
- This practice is the child's dental home:     Yes     No

### Diagnostic/Preventive Services

- Examination:     Yes     No
- X-rays:     Yes     No
- Risk assessment:     Yes     No
- Cleaning:     Yes     No
- Fluoride varnish:     Yes     No
- Dental sealants:     Yes     No

### Counseling/Additional Guidance

- Yes     No

### Referral to Specialty Care

- Yes     No

\_\_\_\_\_  
*(Please specify specialist)*

### Restorative/Emergency Care

- Fillings:     Yes     No
- Crowns:     Yes     No
- Extractions:     Yes     No
- Emergency Care:     Yes     No

### Future Oral Health Care Services

- All treatment completed:     Yes     No

Next appointment date: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dentist  
Signature:

Office Stamp

Or write Name, Address & Phone Number

As Parent or Legal Guardian \_\_\_\_\_ of \_\_\_\_\_, I hereby give my permission for the above information to be released to the Englewood ECE Program at Maddox, Englewood CO.

Parent/Legal Guardian:

Date: