



Cullman City Head Start

900 Hoehn Drive N.E.

Cullman, AL. 35055

Phone (256) 775-0234 Fax (256) 775-0238

Head Start Verification of Dental Exam/Treatment

This is to verify that _____ is one of my regular patients and was seen in my office on _____.

The following applies to this patient:

- Needs no treatment at this time
- Received preventive dental care
- Treatment complete. Needs routine examination on _____.
- Treatment is not complete. Child needs the following services

Comments:

Name of Dental Office _____

Signature of Dentist _____

Date _____

As the parent or guardian of _____, I hereby give my permission for the above to be released to the Cullman City Head Start Program.

Parent or legal guardian _____

Date _____

This consent is valid for 12 months after the date signed by parent.

A Head Start Dental form should be completed at every dental appointment and returned to the Health Manager at Cullman City Head Start.