

Allen East Preschool Dental Form

Child's Name	Date of Birth
Parent(s)/Guardian Name	

Child is Currently Seeing a Dentist?	Yes	No
<i>**Fill out ONLY if you do NOT have a way to see a dentist.</i>		
<i>We currently do NOT have a dentist- we will be signing my child up to see the dental van when they come to Allen East Local Schools this fall/spring.</i>	<i>Yes</i>	<i>No</i>

Dentist Name: _____

Address: _____

Phone: _____

Is the child now receiving any of the following? If yes, include length of time receiving fluoride.

Topical fluoride application _____ Yes (length _____) _____ No _____ Unknown

Fluoridated water _____ Yes (length _____) _____ No _____ Unknown

Fluoridated supplement diet _____ Yes (length _____) _____ No _____ Unknown

Does the child have any trouble with teeth, gums or mouth? _____ Yes _____ No

If so, what kind? _____

PLEASE PROVIDE A WRITTEN SUMMARY OF SERVICES REQUIRED (on back of form):

- For the relief of pain or infection
- Restoration and/pulp therapy of decayed primary and permanent teeth
- Extraction of non-restorable teeth
- Dental prophylaxis and instruction in self-care oral hygiene procedures

Dentist Signature	Date
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* A dental exam is an annual requirement to be enrolled in preschool. It is helpful if the dental form is not completed until June or after to get the child through a school calendar year without having to renew during the school year.