

EAST CLINTON LOCAL SCHOOLS
97 Astro Way, Sabina, Ohio 45169

_____**New Vienna School**
301 E. Church Street
New Vienna, OH 45159
Tel: 937-987-2448
Fax: 937-584-2817

_____**Sabina School**
246 W. Washington Street
Sabina, OH 45169
Tel: 937-584-5421
Fax: 937-584-2817

EARLY CHILDHOOD DENTAL FORM

Release: I give permission for my dentist's office to fax/send this completed form to:

The Above Checked School

Signature of Parent of Legal Guardian _____ Date _____

Date of Exam _____

Child's Name: _____ Date of Birth _____

Parent's Name: _____

Address: _____

Is the child receiving any of the following fluoride? Please circle:

Topical Fluoridated water Fluoride Supplement diet (Tablets _____ Liquid _____)

Does your child have any problems with teeth, gums or mouth? Yes No

Has your child previously seen a dentist? Name _____ Last Visit _____

Does your child have a chronic condition that requires him/her to be under physician supervision? Yes No

Is your child reported to have (please circle):

Allergies Asthma Bleeding Diabetes
Epilepsy Liver Disease Rheumatic Fever Sickle Cell
Heart/Vascular Disease Other _____

Source of reimbursement: (Please Circle)

EPSDT / Medicaid Federal, State for Local Agency Head Start
In-kind Provider Parent/Guardian Other (Third Party Group)

EXAM CONTINUED ON NEXT PAGE

