

A SECOND CHANCE, INC.
DENTAL RECORD INFORMATION

(3 YEARS OF AGE AND OLDER ---> UNLESS SPECIFIC PROBLEMS AS LISTED)

CHILD'S NAME: _____ DATE OF BIRTH _____

DATE OF LAST DENTAL APPRAISAL: _____ NEXT NEEDED APPOINTMENT
(ROUTINE CARE EVERY SIX MONTHS
UNLESS OTHERWISE INDICATED): _____

DENTAL EXAM DATE _____

ρ CARIES _____

ρ MISSING PERMANENT TEETH _____

ρ ORAL INFECTION _____

ρ PROTRUSION _____

ρ EXAM OF HARD AND SOFT TISSUE _____

ρ X-RAYS RECOMMENDED _____

DIAGNOSIS F/U RECOMMENDATIONS

DENTIST NAME (PRINT OR TYPE)

ADDRESS

CITY, STATE ZIP

PHONE

FAX

SIGNATURE DENTIST

SIGNATURE OF PERSON ACCOMPANYING CHILD

RELATIONSHIP