

Allen County Preschool Dental Exam Form:

A dental examination is highly recommended by the Ohio Department of Education at a minimum of 1 time within 60 business days of entrance into the Allen County Preschool.

| | |
|----------------|------------------|
| Child's name: | DOB: |
| Parent's name: | School District: |

TO BE COMPLETED BY PARENT:



1. Child (**has**____, **has not**____) previously seen a dentist.

Dentist name: _____

2. Child (**is**____, **is not**____) under a physician's care.

Type: _____

3. Child (**is**____, **is not**____) receiving medication.

Type: _____

4. Does your child have any trouble with teeth, gums, or mouth that you know about?

Yes No (If yes, describe) _____

TO BE COMPLETED BY DENTIST:

1. Child Oral Health Summary:

| | |
|-------|----------------------|
| Date: | Treatment performed: |
| | |
| | |
| | |

2. Is baby bottle tooth decay present **Yes No**

3. Is child receiving Topical Fluoride? **Yes No** Fluoride Supplement? **Yes No**

4. Recommendations for further treatment _____

4. Comments: _____

Dentist's Signature: _____ **Date:** _____

Address: _____ **City, State, Zip Code:** _____

Dental health is extremely important. The sooner children begin getting regular dental checkups, the healthier their mouths will stay throughout their lives. Early checkups help prevent cavities and tooth decay, which can lead to pain, trouble concentrating and other medical issues. Youngsters with healthy teeth chew food easily, learn to speak clearly and smile with confidence.

Ohio Department of Education – Division of Educational Services – Early Childhood Education