Floyd County Head Start: Birth to Five Dental Exam

**Date of Exam:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ***Fax Completed Exam to 812-948-6989***

**Child’s Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date of Birth:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Insurance Type, Check all that apply:**

Medicaid/EPSDT Head Start Pay Private Insurance Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Purpose of Visit, Check all that apply:**

Prophylaxis Cleaning Fluoride X-Rays Oral Education Treatment

|  |  |  |
| --- | --- | --- |
| Has child previously seen a dentist?: No Yes  Treatment Needed: No Yes *(Restoration, pulp therapy, extraction)*  If Yes:  Date of Treatment Appointment: \_\_\_\_\_\_/\_\_\_\_\_\_\_/ \_\_\_\_\_\_\_  Approximate Number of Visits Needed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Recall Visit Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | ***Please mark teeth that need treatment***  Comment: (Treatment Plan) |

****

Doctor’s Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Doctor’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Doctor’s Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Floyd County Head Start: Birth to Five Dental Examinations**

Attention Parents,

* Children must have a dental exam with 30 days of enrollment into the program or a dental exam appointment that can be verified. You must report all appointments to the Health Office.
* We offer financial assistance if your child does not have Medicaid/HHW or dental insurance. Please contact the Health office for a referral and an assistance letter.
* If your child had a dental exam in the last 6 months there is NO need to repeat the exam. You may take the dental exam form to the dentist for completion and return it.
* If your child does not have a dentist, listed below are dentists that work closely with Head Start.

Clarksville Dental Care 529 E. Lewis and Clark Pkwy, Clarksville (812)725-9200

\*Jeffersonville Pediatric Dentistry 2929 Charlestown Pike, Jeffersonville (812)941-0588

\*Kid’s Dentistree 2325 Green Valley Rd., New Albany (812)944-9300

Kidz Smile Dentistry 3120 Blackiston Mill Rd., New Albany (812)941-0008

New Albany Pediatric Dentistry 4317 Charlestown Rd, Suite 105, New Albany (812)258-9626

Family Health Center 1319 Duncan Ave., Jeffersonville (812)283-5980

\*Spanish Speaking Staff

If you have any questions or concerns you can call the Health Office at (812)948-6981 ext. 1111 (Rene) or 1216 (Ashley). The Health Office fax number is 812-948-6989.

***Please fill out this box for your record.***

Dentist: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dentist Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dental Exam Appointment:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_