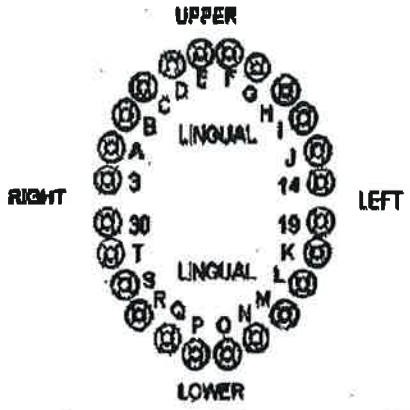
LEADS Head Start/Early Head Start
Dental Exam

Child's Name: Joshua McAfee Date of Birth: 12/13/2012

Parent's Name: Olivia Date of Exam: 8/24/2017

Center: Newark Center Phone: 740-345-6415 Fax: 740-345-2305

ORAL CONDITION: Before Treatment (using key)



Description of Work	Month	Day	Year
Exam	8	24	2017
Prophy	8	24	2017
flouride	8	24	2017

Indicate restorations.

Please check ALL appropriate information pertaining to this child:

( ) Needs treatment (restoration, pulp therapy, extraction)
(X) No treatment needed at this time
( ) Treatment is complete [please *circle*] (YES) NO
( ) Routine recall visit due 2.26.2018
( ) Recommend fluoride supplement
( ) Is this child up to date on scheduled age appropriate preventive care [*please circle*] (YES) NO
( ) Other

Name of Provider: (please print) Dr. Mincsh Patel Date: 9/20/17

Provider Signature: Phone: 522-4803

Provider Address: 404 South 30th St. Newark, OH 43055

2017

RECEIVED 9/20/17