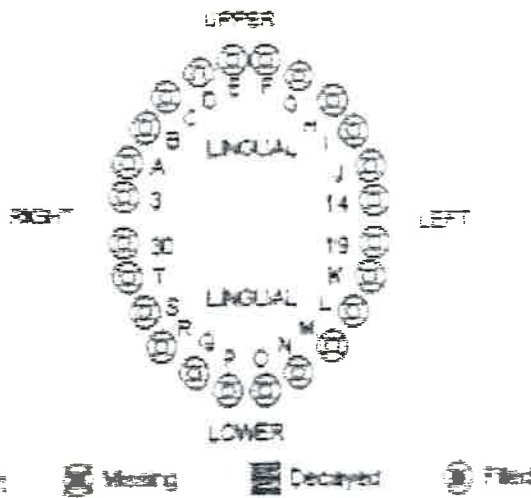


## LEADS Head Start/Early Head Start Dental Exam

Child's Name: Bentley Izaiak Knox Date of Birth: 01/17/14  
 Parent's Name: Tiffany Mulcare Date of Exam:     /    /      
 Center: Buckeye Lake Phone: (740) 928 - 1123 Fax: (740) 928 - 1603

### ORAL CONDITION: Before Treatment (using key)



Description of Work	Month	Day	Year

Indicate restorations.

Please check ALL appropriate information pertaining to this child:

- ☐ Needs treatment (restoration, pulp therapy, extraction)  
☒ No treatment needed at this time  
☐ Treatment is complete [please circle] YES NO  
☐ Routine recall visit due \_\_\_\_\_  
☐ 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) Minesh Patel Date: 8/27/18  
 Provider Signature: [Signature] Phone: \_\_\_\_\_  
 Provider Address: ~~404 S~~ 404 South 30th St Newark, OH 43055