

LEADS Head Start/Early Head Start

LEADS Head Start/Early Head Start 607 Sunbury Rd Delaware, OH 43015

Phone: 740.363.8810

	Dental Exam		Fax: 740.363.7627	
Child's Name: Liliana Amparo Center: Dental Date of Birth: 11812 Parent's Name: Megan Amparo Date of Exam: 8/21/17				
ORAL CONDITION: Before Treatment (using key) Indicate restorations.	Description of Work	Month	Day	Year
OBC LINGUAL HIO	Kroy, Exem, Cleaning	0B	21	2017
RIGHT (203 14 (20) LEFT (2030 19 (20) K (20) (20) (20) (20) (20) (20) (20) (20)				
LOWER Key: Missing Decayed ® Filled				
Please check ALL appropriate information pertaining to () Needs treatment (restoration, pulp therapy, ext () No treatment needed at this time () Treatment is complete [please circle] YES () Routine recall visit due	raction) NO riate preventive care [please circle	⊵] YES	NO	
Name of Provider: (please print)	LGSesDate:	8 -2	21-20	رد
Provider Signature:	P. 1950.10	e: <u>240</u>	362-	2202