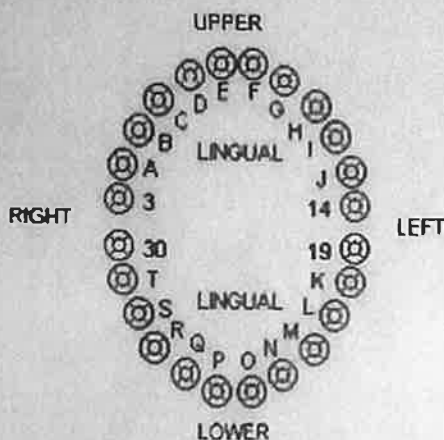


**LEADS Head Start/Early Head Start  
Dental Exam**

LEADS Head Start/Early Head Start  
607 Sunbury Rd Delaware, OH 43015  
Phone: 740.363.8810  
Fax: 740.363.7627

Child's Name: Mansour AlSaadon Center: Delaware Date of Birth: 5/9/13  
Parent's Name: Nasren AlSaadon Date of Exam: 1/27/17

**ORAL CONDITION:** Before Treatment (using key)  
Indicate restorations.



Key: ☒ Missing ☒ Decayed ☒ Filled

Description of Work	Month	Day	Year
Exam	1	27	2017
Prophy	1	27	2017
Fluoride	1	27	2017

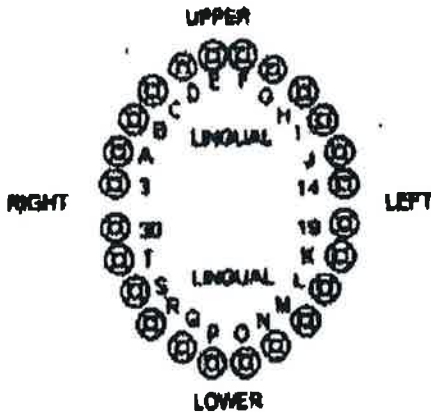
Please check ALL appropriate information pertaining to this child:

- ( ) Needs treatment (restoration, pulp therapy, extraction)  
☒ No treatment needed at this time  
☒ Treatment is complete [please circle] YES NO 7/28/17  
☒ Routine recall visit due  
☐ Recommend fluoride supplement  
☐ Is this child up to date on scheduled age appropriate preventive care [please circle] YES NO  
☐ Other Primary Dentition - Good Alignment NO Clinical Cavities

Name of Provider: (please print) Kohut Leticia PEARCE Date: 1/27/17  
 Provider Signature: [Signature] Phone: 1614-4593340  
 Provider Address: 2066 Henderson Rd Columbus Ohio 43220

Child's Name: Mansour AlSaadon Center: Delaware Date of Birth: 5/9/13  
Parent's Name: Narsen AlSaadon Date of Exam: 8/10/16

**ORAL CONDITION: Before Treatment (using key)**  
Indicate restorations.



Key: ☒ Missing ☒ Decayed ☒ Filled

Description of Work	Month	Day	Year

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 unknown  
 ( ) Routine recall visit due \_\_\_\_\_  
 ( ) Recommend fluoride supplement \_\_\_\_\_  
 ( ) Is this child up to date on scheduled age appropriate preventive care [please circle] YES NO  
 ( ) Other A referral to a pediatric dentist  
was given in the past (Nov 4, 2015) to treat dental caries

Name of Provider: (please print) Sarah Zarick Date: 11/30/16  
 Provider Signature: Sarah Zarick DDS Phone: 614 451 0341  
 Provider Address: 1151 Bethel Rd Ste 203 Columbus OH 43220

2016