



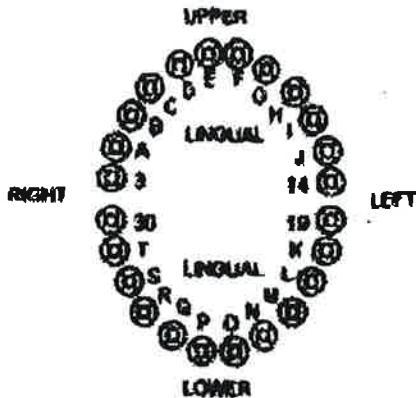
ENTERED

MC 10-5-16

LEADS Head Start/Early Head Start Dental Exam

| | | |
|-------------------------------------|-------------------------------|--------------------------------|
| Child's Name: <u>Trinity Arthur</u> | Center: <u>Utica</u> | Date of Birth: <u>10/16/12</u> |
| Parent's Name: <u>Taylor Arthur</u> | Date of Exam: <u>10/16/16</u> | |

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



Key: ☒ Missing ☒ Decayed ☒ Filled

| Description of Work | Month | Day | Year |
|-------------------------|-------|-----|------|
| Exam, prophyl, Fluoride | 4 | 13 | 2016 |
| Restoration on 5 | 5 | 6 | 2016 |
| | | | |
| | | | |
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| | | | |
| | | | |

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 10-19-16
☐ 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) Rhonda Steigerwald DDS Date: 10-5-16
 Provider Signature: Rhonda Steigerwald DDS Phone: 740-344-7171
 Provider Address: 106 Monmouth Dr, Newark, Ohio 43055