

SHIV DENTAL CLINIC

F-16, Shambhavi Complex,
Nr. Nalanda School, Opp. Kamal Appt.,
Ghatlodiya, Ahmedabad - 380061

CHILD HEALTH RECORD:

FORM 5, DENTAL HEALTH

CHILD'S NAME: _____

SEX: _____

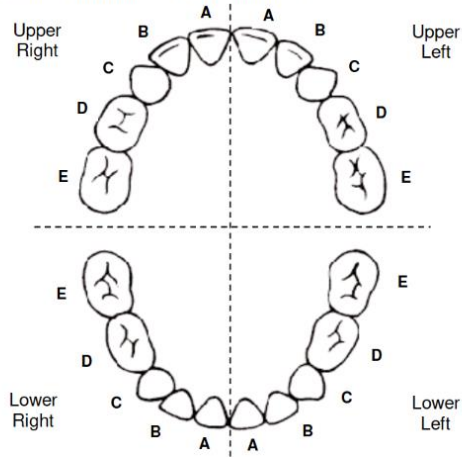
BIRTHDATE: _____

PHONE: _____

1. ORAL CONDITIONS BEFORE TREATMENT:

() Missing () Decayed () Filled

Indicate restorations you perform in item 2 →



3. AT THIS VISIT CHILD RECEIVED:

☐ CLEANING ☐ TREATMENT ☐ FLUORIDE ☐ EXAM UNABLE TO BE DONE

4. CHILD NEEDS:

☐ TREATMENT ☐ SPECIAL HOME EMPHASIS, ORAL HYGIENE
☐ NEXT APPOINTMENT: ____/____/____

5. SUMMARY:

ALL TREATMENT
☐ COMPLETE ☐ NOT COMPLETE

(Signature of Dentist)

(Date)