

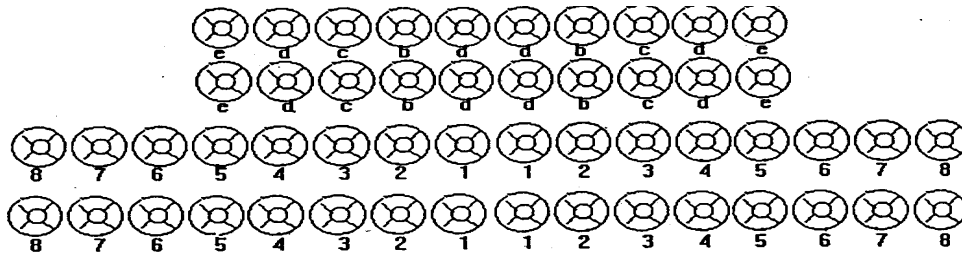


CONTINUOUS DENTAL RECORD FOR CHILDREN IN FOSTER CARE

Name of Child _____

Age _____

Name of Home or Facility _____



LEGEND

Filling Present	Fill in with <u>black</u>	Missing Teeth	Indicate with large black M
Cavities	Outline surfaces involved in <u>red</u> Draw parenthesis around when filled - ()	Teeth Indicated for Extraction	Indicate with large red X
Gum Inflammation	Indicate in <u>red</u> beneath teeth involved	Teeth Extracted	Indicated with large black <u>X</u>

EXAMINATION	
Deciduous teeth: Decayed? Stained? Calculous? Describe:	Permanent teeth: Decayed? Stained? Calculous? Describe:
Gums Inflammation? Describe:	Mucous membranes Describe:
Other oral manifestations Describe:	
Do irremediable defects of the teeth exist? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is adequate fluoride present in the water supply? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is malocclusion present? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have fluoride applications been provided? <input type="checkbox"/> Yes <input type="checkbox"/> No

RECOMMENDATIONS

- X-Rays Restorations Extractions Other
 Dental Prophylaxis Fluoride Applications Orthodontic Service

Continuous record of all services rendered on other side. _____

Signature _____

Date _____

