



**The Center**  
Early Childhood Programs  
Lake County School District R-1

315 West 6<sup>th</sup> Street  
Leadville, CO 80461

Phone 719 486-6928  
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*Head Start, Colorado Preschool & Kindergarten Program, Tuition-Based Preschool and School Age Programs, Services for Children with Special Needs*

**Head Start and Early Head Start**

**Dental Exam**

**Patient Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Date of Exam:** \_\_\_\_\_ **Name of Dentist:** \_\_\_\_\_

**Patient Received Preventive Care:** Yes No

**Did the Patient Receive:**

- Examination
- Cleaning
- Fluoride
- X-Rays

**Restorative Care is Needed:**

- Fillings      How Many: \_\_\_\_\_
- Crowns      How Many: \_\_\_\_\_
- Extractions      How Many: \_\_\_\_\_
- Other: \_\_\_\_\_

**Approximate Number of Appointments Needed for Restorative Care:** \_\_\_\_\_

**Date of Next Appointment:** \_\_\_\_\_ (Every Six Months According to EPSDT Guidelines).

**Dentist Name (please print):** \_\_\_\_\_

**Dentist Signature:** \_\_\_\_\_

**Dental Clinic Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

As the parent/guardian of \_\_\_\_\_

I hereby give permission for the above information to be released to the Lake County School District Early Head Start Program.

**Parent/Guardian Signature:** \_\_\_\_\_