

"Making a difference, one child at a time!"

Dental Examination

Client's Name:			Date of Birth:		Age:	,	Sex:
Name of Agency: Children's Ho	pe Foster Family Ag	Agency Address: P.O. Box 901 567A Virginia St. Gridley, Ca. 95948			Agency Phone #: 530-846-4955 Agency License #: 045001192		
Procedure	Date Completed	Date to be Completed			Comments		
Examination							
X-Rays							
Cleaning							
Fillings Extractions							
Dentist's Name, Address & Phone #				Signature of Dentist			
					Date	of service	e: