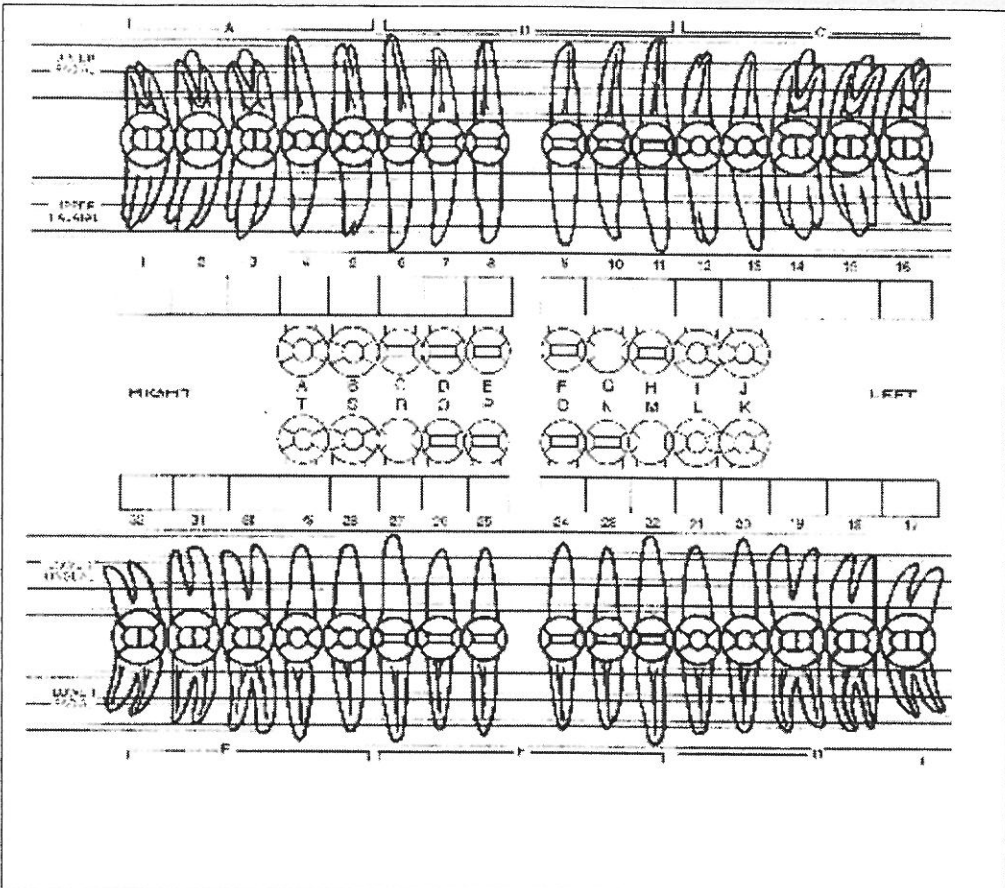


# UMCHS - DENTAL EXAM RECORD

Child's Name Pedro Estevan DOB: 8/22/05 Sex: M  
 HS/EHS Center: \_\_\_\_\_ Insurance Provider: OHP- Advantage  
 Parent/Guardian: Juanita Estevan Phone: 567-1209

HISTORY

ALLERGIES:  
 MEDICATIONS:



REMARKS

- DENTAL PROVIDER**  
 Please complete the following information for Head Start.  
 (Check "✓" All Boxes that Apply.)
- SERVICES COMPLETED**
- Oral Hygiene Instruction
  - Topical Fluoride & Prophy
  - Sealants Applied
  - Systemic Fluoride Prescribed
- EXAM & TREATMENT SERVICES**
- Normal Exam, Healthy
  - Treatment Indicated:
    - Treatment In Progress, \_\_\_\_\_ No. of Appts. Needed
    - Referred to: \_\_\_\_\_
  - All Treatment Completed
  - Return to Clinic: \_\_\_\_\_
- BILLING INFORMATION**
- Parent Paid Out of Pocket
  - Private Insurance
  - OHP/Medicaid  IHS/Tribal
  - Head Start Voucher

DATE	TOOTH	TREATMENT PLAN	EST.	DATE	TOOTH	SERVICES RENDERED	FEE

Dentist Signature: Providers Name Phone: 564 1241 Exam Date: 10/25/09