![Head-Start-237x300[1]]() **Head Start**

Tri-County Community Council Head Start

2499 Cypress Street

Westville, Florida 32464

(850) 548-9900

Fax: (850) 548-5644

Verification of Dental Exam Cleaning or Treatment

This is to certify that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ was seen in my office on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

At this time, the patient received the following services(s):

\_\_\_\_Routine exam

\_\_\_\_Cleaning

\_\_\_\_Filling

\_\_\_\_Extraction

\_\_\_\_Treatment Complete

The examination and/or cleaning revealed the following:

\_\_\_\_No decay noted at this time

\_\_\_\_Decayed teeth that need treatment (We can treat)

\_\_\_\_Decayed teeth needs referral

Next appointment is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Thank You:

Comments:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Dr. Signature Date