

WOOD COUNTY HEAD START, INC.
1011 8th Street South
WISCONSIN RAPIDS, WI 54494

For Office Use:

Admin Reviewed
 Option: PS I/T FSW _____
 Center: B M V W N HB

ATTENTION DENTISTS: Federal Regulations state that a fluoride treatment is recommended for all Head Start children who do not drink fluoridated water.

Section A

TO BE COMPLETED BY PARENT OR GUARDIAN:

Child's name: _____ Birth date: _____

Does child have teeth, gum or mouth problems? _____

Does child receive: _____ Fluoridated Water _____ Fluoride Supplement

Does child have any disease or problem the dentist needs to be aware of? Explain

I give permission for my dental provider to release information of my child's dental exams and treatment to Wood County Head Start, Inc.

PARENT SIGNATURE _____ **DATE** _____

This authorization will remain in effect for 1 year from the date this authorization is signed.

Section B

TO BE COMPLETED BY DENTAL PROVIDER:

DATE OF EXAM: _____ Fluoride Supplement Needed Yes No

This appointment was for: Preventative Cleaning Treatment Both

TREATMENT IS COMPLETE AT THIS TIME: Y N

ADDITIONAL TREATMENT IS NEEDED: Y N

Is this a new diagnosis: Yes No # of: Cavities _____ Caries _____

Treatment is for: Restoration Extraction Other _____

Recommended Follow-up Option: Office Visit Treatment in Hospital

Approximate Number of Visits _____ Date of any future appointments scheduled: _____

DENTAL PROVIDER NAME: _____

DENTAL PROVIDER SIGNATURE: _____

Mail to: Wood County Head Start, Inc
 1011 8th Street South
 Wisconsin Rapids, WI 54494

Phone: (715)421-2066.
 Fax: (715)421-2069
 Toll Free: 1-866-421-2066