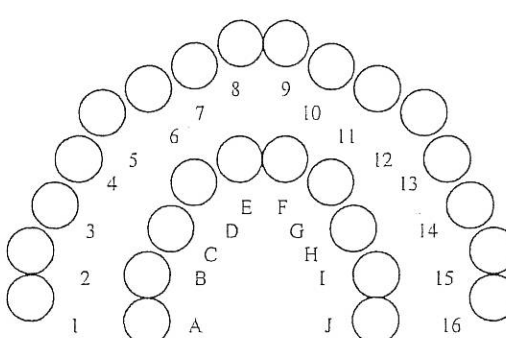
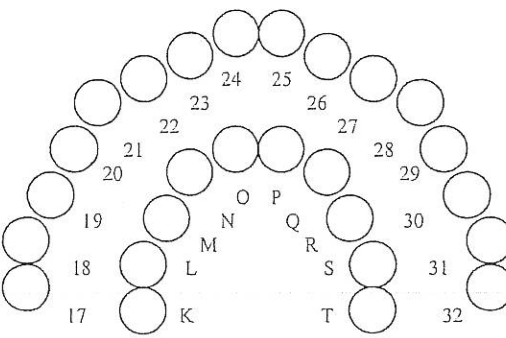


OAC 5101:2-42-66 (F) & 2-9-13(E)

Unless information is available documenting that a child over three years of age has had examinations prior to placement in substitute care, each child over three years of age shall receive dental examinations as recommended by the professional and whenever an interim condition indicates need for examination or treatment.

Name _____ DOB _____ Date _____

<p style="text-align: center;">Upper Labial</p> 	<p style="text-align: center;">DIAGNOSIS</p> <p><input type="checkbox"/> Dental Caries</p> <p><input type="checkbox"/> Dental</p> <p><input type="checkbox"/> Fractures</p> <p><input type="checkbox"/> Gingivitis</p> <p style="padding-left: 150px;"><input type="checkbox"/> Mild</p> <p style="padding-left: 150px;"><input type="checkbox"/> Acute</p> <p style="padding-left: 150px;"><input type="checkbox"/> Chronic</p> <p><input type="checkbox"/> Malocclusion</p> <p><input type="checkbox"/> Missing Teeth</p>
<p style="text-align: center;">Lower Labial</p> 	<p style="text-align: center;">TREATMENT</p> <p><input type="checkbox"/> Exam</p> <p><input type="checkbox"/> X-Rays</p> <p><input type="checkbox"/> Prophylaxis</p> <p><input type="checkbox"/> Amalgan or other filling</p> <p><input type="checkbox"/> Crowns</p> <p><input type="checkbox"/> Gingival Curettage or Therapy</p> <p><input type="checkbox"/> Root Canal</p>
<p>Other Diagnosis:</p>	<p>Next Appointment:</p>
<p>Other Treatment</p>	<p>Attending Dentist</p>