

COMMUNITIES UNITED, INC.
4 Militia Drive, Suite 1, Lexington, MA 02421
Creative Start Children's Centers

Newton Waltham Woburn Burlington

Oral Health Form

Dear Dentist,

All children enrolled in our child care programs must meet a number of health requirements for participation. CUI recognizes the importance of early oral health and **requires** that all children receive an annual dental exam, at a minimum. In addition, CUI provides an oral health component in our classrooms, which includes daily tooth brushing.

Please take a moment to **fully complete** this form so that we may provide the best oral health programming for this child.

Thank you for your assistance.

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Child's Name _____ Date of Birth _____
Date of Exam _____ Date of Next Visit _____

1. Child's oral hygiene: ___ Adequate ___ Needs Improvement
2. Did the child receive instruction in oral hygiene Yes ___ No ___
 Comments: _____

3. Dental Needs at this Visit:
 _____ Treatment (restoration, pulp therapy, extraction)
 _____ Cleaning
 _____ Fluoride
 _____ Nutritional Counseling
 _____ Other _____
 _____ No Problems

4. ___ Child was unable to be examined at this time. Visit rescheduled on _____

5. Follow-up Visit is needed Yes ___ No ___
 Type of Follow-up Needed: _____

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Dentist's signature _____ Date _____
Print Dentist's Name _____ Telephone _____
Address _____