

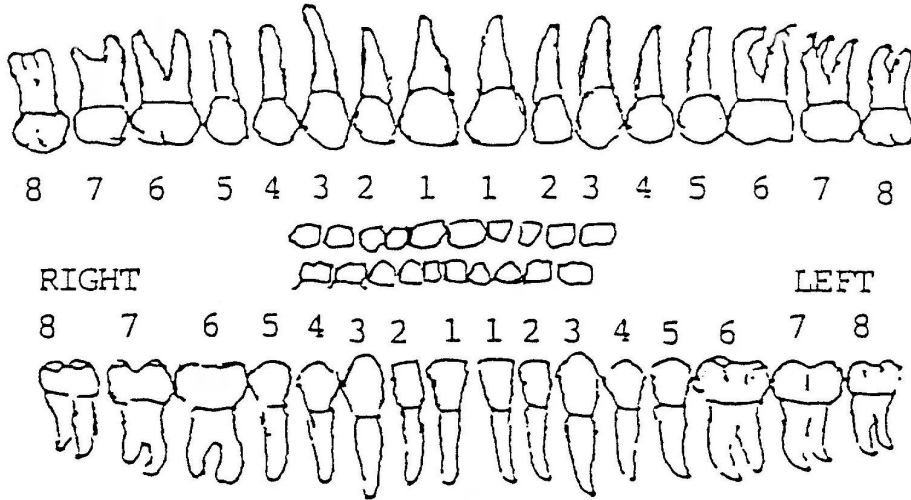
MCCSB 067.01 Initial  
067.02 Annual

### DENTAL EXAM RECORD

(Attention Office Manager – Please fax this form to CSB upon completion.)

CHILD'S NAME: \_\_\_\_\_

BIRTHDATE: \_\_\_\_\_ EXAM DATE: \_\_\_\_\_



CARIOUS – mark      ABSENT – mark 0      FILLED – mark X      DIRTY – draw lines across

**TREATMENT NEEDED:**

**TREATMENT PROVIDED:**

**REMARKS, FURTHER DATA & DIAGNOSIS:**

**CHILD SHOULD BE SEEN NEXT ON:** \_\_\_\_\_, \_\_\_\_\_

Initial Custody Date

Expected Date of Initial Exam

Expected Date of Next Exam

\_\_\_\_\_  
Dentist's Signature

Copies to: Child's Caseworker

CSB Receptionist

Foster Parent