



KOOTASCA Head Start

Proudly Serving Communities: Greenway / Deer River / Grand Rapids / Northome / International Falls

Dental Examination

PLEASE PRINT

Revised 5/21/24

Child's LAST Name	Child's FIRST Name	M.I.	Birth Date
Full Street Address	PO Box	City	State Zip Code

Payment Method

MA
 MN Care
 Insurance
 Head Start (prior approval required)
 Other _____

To Be Completed By Dentist

<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>Child's first dental visit?</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> </tr> <tr> <td>Visual exam only?</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> </tr> <tr> <td>Baby bottle tooth decay?</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> </tr> <tr> <td>Child</td> <td><input type="checkbox"/> Compliant</td> <td><input type="checkbox"/> Non-compliant</td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: center;">Is child now receiving</th> </tr> <tr> <td>Topical fluoride application?</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>Fluoride supplements?</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>Fluoridated Water?</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> </table> <table border="1" style="width:100%; 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Oral Health Summary

<input type="checkbox"/> Routine recall visit	<input type="checkbox"/> Dietary problems
<input type="checkbox"/> Special home emphasis, oral hygiene	<input type="checkbox"/> Needs fluoride supplement
<input type="checkbox"/> Harmful oral habits	<input type="checkbox"/> Other (please describe)
Next Appointment Date	

I certify the above work has been completed

Dentist Name (please print)	Clinic Name	Address
Dentist Signature	Phone	Date of Exam



Preparing your child for a visit to the dentist

Items to talk with your child about:

- The dentist has a big chair that goes up and down
- The dentist will look into your mouth with a mirror
- The dentist will "count" your teeth and tap on them
- There will be a bright light so the dentist can see into your mouth
- Tell them about the shiny instruments and the water "squitter and sucker" that the dentist will use. Also tell them about the electric toothbrush
- Talk to your child about not biting when they are at the dentist and keeping their mouths open really big.

By preparing your child for the first dental visit, it can be a pleasant experience for all involved and your child will learn that the dentist is their friend.

It is important not to scare your child by telling them your own bad feelings or experiences with the dentist.

Instead, tell your child that the dentist wants to make sure that their teeth are healthy.

