



Fostering hope for children and families.

"Our Mission is to foster resilience in children and families so they can thrive."

Dental Checkup Form

Name: _____ DOB: _____

The child named above was seen in my office on: ____/____/____

Dental Condition

☐ GOOD ☐ FAIR ☐ POOR

Reason for Appointment

☐ 6 MONTH ☐ OTHER WORK

Description of work performed:

Comments or recommendations:

Health Care Provider Information *(signature, title, and all information required for validation of form)*

Next Schedule Appointment (If applicable) : _____

Dentist's Signature: _____

Dentist's Name and Title:
(printed)

Address:

Phone Number:

Fax Number:

Return This Form To:

- | | | |
|-----------------------------------|--|---------------------------------------|
| <input type="checkbox"/> Staunton | <input type="checkbox"/> Charlottesville | <input type="checkbox"/> Harrisonburg |
| 1215 N. Augusta Street | 1002 E. Jefferson Street | 3201 Peoples Drive |
| Staunton VA 24401 | Charlottesville VA 22902 | Harrisonburg VA 22801 |
| Phone: (540) 885-8841 | Phone: (434) 979-0335 | Phone: (540) 437-1857 |
| Fax: (540) 886-6379 | Fax: (434) 979-0202 | Fax: (540) 437-9321 |



"Dedicated to providing therapeutic services within the community, and nurturing safe and lasting relationships for children and families."

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