



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:

Staunton

1215 N. Augusta Street
Staunton VA 24401
Phone: (540) 885-8841
Fax: (540) 886-6379

Charlottesville

1002 E. Jefferson Street
Charlottesville VA 22902
Phone: (434) 979-0335
Fax: (434) 979-0202

Harrisonburg

3201 Peoples Drive
Harrisonburg VA 22801
Phone: (540) 437-1857
Fax: (540) 437-9321



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

Dental Check Up Form
