

UNION COUNTY BOARD OF DD

HAROLD LEWIS CENTER

1280 Charles Lane, P.O. Box 384

Marysville, Ohio 43040

Phone (937) 645-6733 Fax (937) 642-9909

CHILD ENROLLEE DENTAL EXAM – 2017-2018

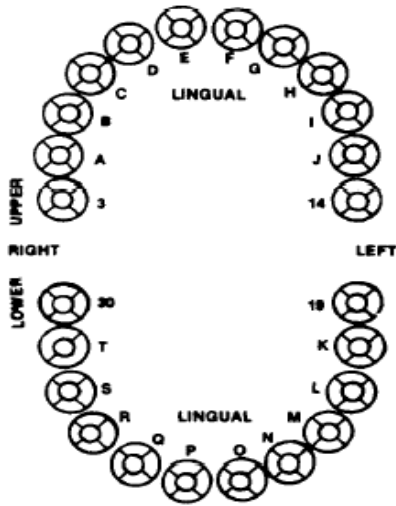
Name: _____ Date of Birth: _____

Telephone: _____ Sex: Male Female

Address: _____

Family Contact: _____ Telephone: _____

9. ORAL CONDITIONS BEFORE TREATMENT: missing (☐), decayed (⊙), or filled (◐). Indicate restorations you perform in Item 10.



Form with checkboxes for 'No treatment needed at this time.' and 'Treatment completed.', and a section for 'Description of treatment:'.

DATE OF EVALUATION: _____

Physician's Signature _____

Date _____

Phone Number _____

Physician's Name (Please Print or Type) _____

Address _____

City, State, Zip Code _____