



CENTRAL COUNCIL  
*Tlingit and Haida Indian Tribes of Alaska*

Tlingit & Haida Head Start Administration  
9097 Glacier Highway • Juneau, Alaska 99801

---

### Dental Examination Report

Child's Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Birth Date: \_\_\_ / \_\_\_ / \_\_\_ Age: \_\_\_\_\_

Parent(s) Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Head Start Site: \_\_\_\_\_

Child is a regular patient at this office:  Yes  Episodic  First visit with this office

Diagnostic and Preventive Procedures Performed:

Clinical Examination  Dental Cleaning  Fluoride application  X-Rays

Caries Risk Status:  High  Moderate  Low

Current Oral Health Status:

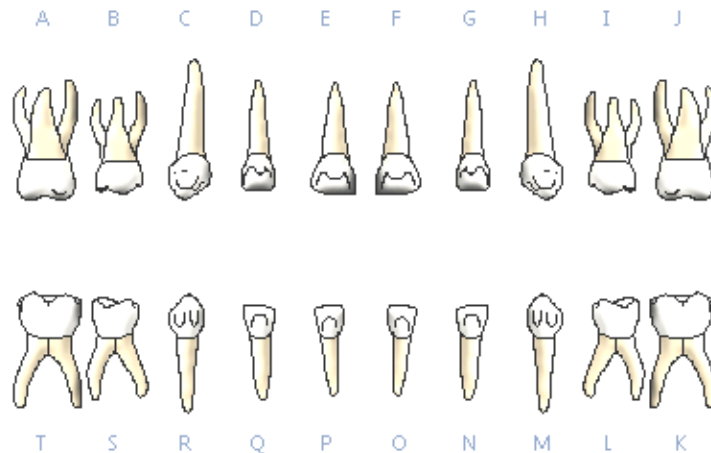
Cavities: \_\_\_\_\_ (how many)

Gums & Supporting Tissues:  Healthy  Mild Gingivitis  Moderate Gingivitis  Severe Gingivitis

Other Findings: \_\_\_\_\_

Recommendations:

- No further treatment needed at this time. Return to clinic in \_\_\_\_ months for an examination.
- Additional treatment is required.



\_\_\_\_\_  
Dentist Name (Please Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Clinic Name, Address, City

\_\_\_\_\_  
Phone Number