Mid-Delta Head Start
Dental Follow Up

Date: ________________

Dear Parent,

It is time for a dental follow up for your child _______________________.

Please have your child’s dentist fill out the bottom part of this form and return the form to your child’s Head Start Teacher, so it can be placed in your child’s folder. If you need transportation, please call your child’s teacher.

Comments: _________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Staff’s Signature: ____________________________

RESULT OF DENTAL VISIT
(For Dentist To Complete)

_______________________________________ was seen on _____________________
Child’s Name Date

in my office for dental follow up services.

Services received: __________________________________________________________

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Follow up completed: Yes □ No □ If not, next appointment date: ________________

________________________________________

MDCS (7/03) MDCS (7/03)

Provider’s Signature

HS-81 HS-81