Northern California Child Development, Inc. 220 Sycamore Street, Suite 200, Red Bluff, CA 96080



Phone (530) 529-1500 Central Office FAX (530) 528-7805 Email: headstart@nccdi.com Web address: www.nccdi.com

Child:		Head Start Cen	Head Start Center:			
DOB:		Dentist:				
Medi-Cal #:		Address:	Address:			
Parent/Guardian:		Phone:	Phone:			
Dear Doctor:						
Please examine the above referenced child and complete any necessary treatment. Please return completed form to Tehama County Head Start, 220 Sycamore Street Suite 200, Red Bluff CA. 96080. Fax # 528-7805 to Health Manager						
TREATMENT PROVIDED			YES	NO	DATE	
© Examination						
\odot	© X-Rays					
© Fluoride and Cleaning						
© Dental Health Education (Toothbrushing and Nutrition Instructions)						
© Caries						
© Treatment Completed Day of Exam						
© Further Treatment Needed						
© Fluoride Prescribed						
\odot	© Referred to Pedodontist		Dr:			
FOLLOW-UP TREATMENT						
Number of Caries:		Crowns:	Extr	Extractions:		
Pulpotomies:		Other:				
Dates of Treatment:						
Completed Date:						
Comments:						
Trea	ating Dentist's Signature:		Date:			