THE FOLLOWING TO BE COMPLETED BY EXAMINING DENTIST

1. Untreated decay in deciduous teeth
  ☐ YES  ☐ NO

2. Untreated decay in permanent teeth
   ☐ YES  ☐ NO

If yes, to 1 or 2, please answer a, b, and c below.

   a. Decay is classified as early childhood caries/baby bottle caries (affecting the
      primary maxillary anterior teeth, followed by involvement of the primary molars;
      mandibular incisors may not be affected)
      ☐ YES  ☐ NO

   b. Decay is classified as rampant caries in permanent teeth
      ☐ YES  ☐ NO

   c. Child is experiencing pain and/or infection
      ☐ YES  ☐ NO

3. Occlusion is within normal range for age
   ☐ YES  ☐ NO

   If no, immediate follow-up is indicated
   ☐ YES  ☐ NO

4. Oral hygiene
   ☐ Optimal  ☐ Needs Improvement

5. This is child’s first dental treatment completed
   ☐ YES  ☐ NO

6. All necessary dental treatment completed
   ☐ YES  ☐ NO

   If no, appointments are made for completing treatment
   ☐ YES  ☐ NO

COMMENTS:

Dentist’s signature  ___________________________  Date  ___________________________