

**SANDUSKY COUNTY CHILDREN SERVICES
DENTAL EXAMINATION FORM (Rev. 2/5/04)**

CHILD'S NAME:	
BIRTHDATE:	
DATE OF TREATMENT:	

TREATMENT PROVIDED:	
FOLLOW UP REQUIRED:	
REMARKS/CONCERNS:	
DENTIST NAME, ADDRESS, PHONE #:	
SIGNATURE OF DENTIST:	
DATE:	

PLEASE COMPLETELY FILL OUT THIS FORM AND RETURN TO:
SANDUSKY COUNTY DEPARTMENT OF JOB AND FAMILY SERVICES, CHILDREN SERVICES UNIT,
2511 COUNTRYSIDE DRIVE, FREMONT, OH 43420;
OR FAX FORM TO (419) 355-5329