

Family Builders Foster Care, Inc.

"BECAUSE HOME IS WHERE THE HEART IS"

DENTAL EXAM FORM

To be completed by foster parent:

CHILD'S NAME: _____

DOB: _____ AGE: _____

FOSTER PARENT(S): _____ PHONE: _____

ADDRESS: _____

NAME OF DENTIST: _____ PHONE: _____

ADDRESS: _____

To be completed by dentist:

TYPE OF VISIT: INITIAL ROUTINE FOLLOW UP OTHER: _____

WHAT WAS DONE? _____

WHAT FOLLOW UP IS NEEDED? _____

DENTIST'S SIGNATURE _____ DATE _____

FAMILY BUILDERS FOSTER CARE, INC
3300 S. Fairway St. Suite 104
Visalia, CA 93277