BUTLER COUNTY EDUCATIONAL SERVICE CENTER
Early Childhood Programs
400 North Erie Blvd. Suite A
Hamilton, OH 45011
PH: (513) 887-3716 Fax: (513) 964-9655
www.bcesc.org

DENTAL FORM

Child's Name _____ Sex: ❒M ❒F D.O.B._____

Parent/Guardian's Name _____ Phone _____

Address _____Zip_____ Center _____

Preventive Services Completed:

Date_____

_____Exam

_____Prophy

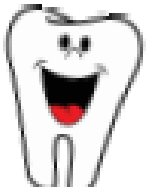
_____Fluoride

_____X-rays

_____OHI

Treatment Completed:

Date_____



_____Restorative

_____Extractions

_____Pulpotomy

_____Sealants

Comments:_____

❒ Check if treatment is required. How many restorations? _____

❒ Check if all services for this child have been completed

❒ Check if treatment is discontinued: reason_____

6 month checkup appt._____ next treatment date_____

I HEREBY CERTIFY THAT THE SERVICES LISTED ABOVE HAVE BEEN PERFORMED

Dentist Signature: _____

Address ____Zip Code: _______________