

Dental Follow-up Treatment

Dental home is the ongoing relationship between the dentist and the patient, inclusive of all aspects of oral health care delivered in a comprehensive, continuously accessible, coordinated, and family centered way. (American Academy of Pediatric Dentistry)

Child's Name: _____ **Date of Birth:** _____

Address: _____

Telephone: _____

Gender: please circle one Male Female

To be completed by dentist:

Treatment Follow-up:

<input type="checkbox"/> Urgent Care	<input type="checkbox"/> Restorative Care- fillings etc.
<input type="checkbox"/> Completed	<input type="checkbox"/> Completed
<input type="checkbox"/> In Progress	<input type="checkbox"/> In Progress
<input type="checkbox"/> On Recall	<input type="checkbox"/> On Recall

All necessary care- extractions, spacer etc. _____

Completed

In Progress

On Recall

Next appointment date: _____

Comments if care is not completed:

Signature of Dentist: _____

Date: _____

Address: _____

Telephone: _____

