

Hope & Home
4945 N. 30th Street
Colorado Springs, CO 80919
(719) 575-9887

Dental Examination Form

Child's Name _____ Date of Birth _____

Date of Exam _____

Name of Care Provider _____

Address of Care Provider _____

Phone Number of Care Provider _____

Reason for Visit _____

Diagnosis _____

Recommendations for follow-up care _____

Medications Prescribed _____

Signature of Care Provider _____ Date _____

Please fax to Hope & Home or submit to the Foster Family
If you have your own office forms, please attach them to Hope & Home's form when submitting