

## 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"/> Completed <input type="checkbox"/> In Progress <input type="checkbox"/> On Recall	<input type="checkbox"/> Restorative Care- fillings etc. <input type="checkbox"/> Completed <input type="checkbox"/> In Progress <input type="checkbox"/> On Recall
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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: \_\_\_\_\_

