



## 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

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**To be completed by dentist:**

Treatment Follow-up:

<input type="checkbox"/> Urgent Care	<input type="checkbox"/> Restorative Care
<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

Other \_\_\_\_\_

Completed

In Progress

On Recall

**Comments:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of Dentist: \_\_\_\_\_

Date: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_