

NOCAC HEAD START DENTAL DAYZ SUMMARY FORM

FSS NAME: _____

Date: _____

SITE: _____

Treatment Urgency:

- (N) **No** obvious problem/routine dental visits recommended
- (E) **Early** dental care due to teeth that appear decayed or other problems
- (I) **Immediate** dental care due to reported toothache or signs of infection

STUDENT	CLASSROOM	TX URGENCY	PARENT NOTIFIED (Y OR N)	FOLLOW-UP COMPLETE (Y OR N)	OTHER INFO
Summary					