



Green Hills Head Start DENTAL TREATMENT RECORD

2020-
2021

CHILD INFORMATION

Child's Name: _____

Birthdate: _____

Head Start Location: _____

Medicaid/Private Insurance #: _____

PLEASE COMPLETE

Check if work is:

COMPLETED: _____

PLANNED: _____ Date of next appointment: _____

DISCONTINUED: _____ Explain why: _____

TREATMENT PROVIDED

Please put each treatment on a separate line.

Date	Tooth #	Surface	Description of Work	Fee

Total Fee: _____

BILL TO:

Parents

Head Start

Medicaid

Dentist's Signature

License #

Date

SEND COMPLETED FORM TO:

Vanessa Moore, Health Specialist
Green Hills Head Start
PO Box 177
Trenton, MO 64683
Office: 660.359.2214 Fax: 660.359.5787