HEARTLAND EDUCATION COMMUNITY, INC.

OHIO DEPARTMENT OF EDUCATION
DIVISION OF **EARLY CHILDHOOD** EDUCATION

HEARTLAND ELP DENTAL FORM 2025-26

____ Male ____Female	**Name of Child:**
Date of Birth	
Child's Current Age	
Parent(s)/Guardian(s) Name	

1. **Is the child now receiving any of the following? If YES, include length of time receiving fluoride.**
   - **Topical fluoride application ____No ____Unknown ____Yes**
   - **Fluoridated water ____No ____Unknown ____Yes**
   - **Fluoride supplement diet ____No ____Unknown ____Yes**
     ____Tablets ____Liquid
2. **Does the child have any of the following? If YES, provide details.**
   - **Allergies ____Yes ____No**
   - **Asthma ____Yes ____No**
   - **Bleeding ____Yes ____No**
   - **Diabetes ____Yes ____No**
   - **Epilepsy ____Yes ____No**
   - **Heat/vascular disease ____Yes ____No**
   - **Liver disease ____Yes ____No**
   - **Rheumatic fever ____Yes ____No**
   - **Sickle cell disease ____Yes ____No**
   - **Other (Please list.) _____**
3. **Does the child have any trouble with teeth, gums, or mouth? ____Yes ____No**
   If so, what kind? _____
4. **Child has previously seen a dentist? ____Yes ____No**
   Dentist's Name _____ Date of last visit _____
5. **Child is under a physician's care? ____Yes ____No**
   Physician's Name _____
6. **Child is receiving medication? ____Yes ____No**
7. **PLEASE PROVIDE A <u>WRITTEN SUMMARY OF SERVICES REQUIRED</u> (on the back of this form):**
   - **for the relief of pain or infection**
   - **restoration and/or pulp therapy of decayed primary and permanent teeth**
   - **extraction of non-restorable teeth**
   - **dental prophylaxis and instruction in self-care oral hygiene procedures**

Dentist's Name (Print)		
Complete Address		
Phone		**Date of Current Visit:**
License No.	**Tax ID No.**	

The annual dental exam by a dentist is an oral diagnostic procedure which should include radiographs (x-rays) only if the dentist determines that they are absolutely necessary. This form should be completed within 90 days of the child's entrance into the program. Developmental dental history should be part of health screening completed within 45 days of entrance.