

Health Care Program for Children in Foster Care (HCPCFC) Foster Care Dental Contact Form

Note: The information on this form provides Foster Care Public Health Nurses (FC PHNs) information needed to properly follow up with the health needs of foster care children. Please fill it out carefully, legibly, and completely. Forms with incomplete documentation will be returned via fax to the clinic for further documentation. Any information that cannot be properly communicated through this form, please contact FC PHN.

To be completed by Dental Provider

Child's Name: Date of Birth: To: Foster Care PHN Office Phone: (805) 240-2700	Date of Exam: Type of Visit: <input type="checkbox"/> Emergency Dental Visit <input type="checkbox"/> Initial Dental Examination <input type="checkbox"/> Semi Annual Dental Examination <input type="checkbox"/> Orthodontic <input type="checkbox"/> Other: _____
<input type="checkbox"/> Services offered but refused Reason: _____ _____ _____ _____	

Services Provided on Date of Exam

<input type="checkbox"/> Exam	<input type="checkbox"/> X-rays	<input type="checkbox"/> Cleaning	<input type="checkbox"/> Fluoride Varnish	<input type="checkbox"/> Other (specify): _____ _____
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1. Is further dental treatment needed? Yes No
2. Is another appointment already scheduled? Yes No If yes, provide date: _____
3. How many appointments will be needed to complete recommended treatment? _____
4. Is a referral to a specialist required? Yes No If yes, which type of specialist? _____
5. Has the child already been seen by a specialist? Yes No If yes, provide name: _____
6. Does the child need only regular semi-annual dental visits at this time? Yes No

Name of Provider: Provider Address: Provider Phone #: Provider Signature: _____ Date: _____	<p style="text-align: center;">***DENTAL PROVIDERS***</p> <p>Please complete the form and fax with any supporting documents to (805) 658-4505 within 5 business days. Dental provider keeps original, faxes copy to FC PHN, and gives two copies to Substitute Care Provider. If you have any questions, please contact the FC PHN at (805) 240-2700.</p>
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