

68 Dick Huff Lane, PO Box 7
Verona, VA 24482
Telephone (540) 245-5800
Fax (540) 245-5880



1200 Shenandoah Avenue
Waynesboro, VA 22980
Telephone (540) 942-6646
Fax (540) 942-6658

Shenandoah Valley Social Services

Dental Exam Report

Full Name of child: _____ Date of Exam: _____

Child's DOB: _____

Child's teeth and mouth appear to be in excellent good fair poor condition.

Please explain: _____

Cavities Noted: yes no Number of cavities? _____

Description of work performed: _____

Are there any follow up procedures needed? yes no

Please explain: _____

Referrals Made: _____

(If the child is in need of dental surgery that requires anesthesia a letter of medical necessity is required prior to consent being provided by Shenandoah Valley Social Services.)

Date of 6 month checkup _____

Dental Providers Information:

Practice: _____ Phone Number: _____

Address: _____ Fax Number: _____

Printed name

Signature

DATE

"The promotion of self-reliance and protection of citizens through community-based services."