



CommonSense

3001 Market St., Camp Hill, PA 17011
Tel. 717.412.0772 or 800.445.2444 Fax 717.412.0775
CommonSenseAdoption.org

DENTAL EXAM FOR FOSTER CARE

Date of Visit: _____

Child's Name: _____

Birth date: _____

This is to certify that _____ had a dental examination on _____
(Name of Child) (Date)

Review of child's dental history: _____

Examination of hard and soft tissue of oral cavity:

X-rays for diagnostic purposes, if deemed necessary by dentist:

Signature of Dentist or Dentist Designee

Printed Name of Dentist or Designee

Address

Phone