



305 Montgomery St., PO Box 487, Decorah, IA 52101

Administrative Offices: 563-382-8436 – Fax: 563-382-9854

Health Programs: 1-866-742-3226 – Fax: 563-382-5140

Transit: 1-866-382-4259 – Fax: 563-382-4681

www.neicac.org

Dear Parent and Dental Provider,

Dental exams are **required** of each child enrolled in Head Start. Documentation of this exam is required within the first 45 days of enrollment and must be updated annually.

Please bill Medicaid, HAWK-I, or any other primary/secondary insurance for services provided. **Head Start is to be the payer of last resort and can assist with payment if no other funds are available. Please contact our office for pre-approval in this situation.**

We appreciate your cooperation. If you have any questions or concerns, please contact us at 563-382-8436 ext. 130.

Jada Bahls-Kargalskiy, RN
Angela Gibbs, RN
Health and Development Specialists

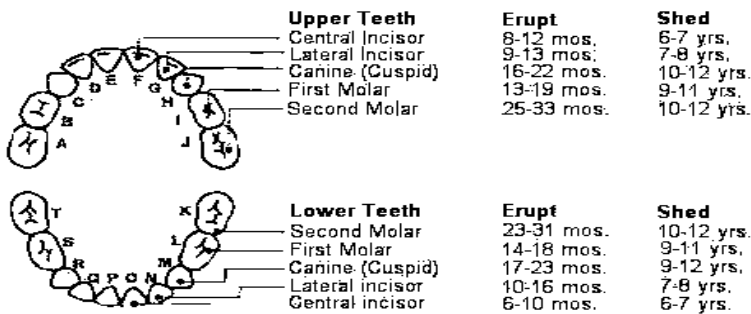
Northeast Iowa Community Action- Head Start DENTAL EXAM

PO Box 487 Decorah, IA 52101
Phone: 563-382-8436 Fax: 563-382-9854

Date Exam Completed: _____

Child Name: _____

Oral Condition:



Comments

Flossing Frequency:

- Daily
 Weekly
 Occasionally
 Never

Number of times per day child brushes _____

Gum Condition:

- Normal
 Swollen
 Bleeds Easily
 Infected

Dental Needs:

- No Needs
 Treatment
 Cleaning
 Other: _____

Fluoride Varnish Completed at visit: Yes No

Treatment Plan

(Please complete this section if treatment is needed or has been completed)

Treatment completed Date completed: _____

Treatment scheduled Appointment date: _____

Treatment plan:

- Fillings
 Crowns
 Cleaning
 Braces
 Dentures
 Other: _____

Referral Dental clinic referred to: _____

Comments: _____

Provider Signature: _____ Date: _____

Print Provider's Name: _____

Dental Office: _____ Phone Number: _____