

Solano County Health & Social Services
Child Welfare/ Foster Care Public Health Nurse
275 Beck Avenue, MS 5-230
Fairfield, CA 94533-6804

FAX: 707-784-8480 or EMAIL: FCPHN@solanocounty.com

DENTAL CONTACT FORM

CHILD'S NAME: _____
 CARETAKER NAME: _____
 SOCIAL WORKER'S NAME: _____

TODAY'S DATE: _____
 DOB: _____
 PHONE NO: _____
 PHONE NO: _____

EXAM TYPE	SERVICES PROVIDED	REFERRAL
() INITIAL DATE: _____	() PROPHYLAXIS () X-RAY	() NONE
() PERIODIC DATE: _____	() FLUORIDE TX () SEALANT	() TYPE: _____
	() TREATMENT () NONE	() REFERRED TO: _____
		() REQUIRES SEDATION

() TREATMENT COMPLETED DATE: _____
 () FOLLOW-UP APPOINTMENTS NEEDED: () NO () YES DATE: _____
 () RECALL: () 6 MONTHS () OTHER _____

OPTIONAL:
TREATMENT PLAN OR NOTES FOR CHILD'S CARE PROVIDER:

DENTIST NAME: _____
 DENTIST ADDRESS: _____
 DENTIST'S SIGNATURE: _____
 CLINIC: (STAMP): _____

PHONE NO: _____
 FAX NO: _____
 DATE: _____

Return to: FAX to: (707) 784-8480 or EMAIL to FCPHN@solanocounty.com or Mail in pre-paid envelope
 Distribution: Original (Social Worker) - Electronic Copy (Foster Care PHN) - Copy (Placement Home)