

TAKE HOME INSTRUCTIONS

Dear Parent/Guardian of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Today, your child had a dental examination performed on him/her. The results of the examination call for the following treatment(s).

1. Cleaning and fluoride treatment \_\_\_\_ was given \_\_\_needed
2. Cavity(ies) filled #:\_\_\_\_ \_\_\_\_ was given \_\_\_needed
3. Pre-medication before dental work \_\_\_\_ was given \_\_\_needed
4. Teeth extracted \_\_\_\_ was given \_\_\_needed
5. Stainless steel crown \_\_\_\_ was given \_\_\_needed
6. Pulpotomy (nerve treatment) \_\_\_\_ was given \_\_\_needed
7. Return visit needed (you will be notified if necessary for you to accompany your child.)

Additional Comments and Future Recommendations: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_