



# Dental Follow-Up Notice

Dear Provider,

\_\_\_\_\_ was identified through a Head Start dental screening  
Name Date of Birth  
at PALO VERDE HEAD START as needing a further dental follow-up and/or Dental Treatment.

**Please provide the following information regarding the status of dental treatment:**

- Appointment Scheduled**      Date of appointment: \_\_\_\_\_
- Treatment in process**      Date of next visit: \_\_\_\_\_
- Treatment completed**      Date Completed: \_\_\_\_\_

**Unable to complete treatment for the following reason:**

- No show       Parent declined       Unable to contact

Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Office/Provider's Name: \_\_\_\_\_ Attn. \_\_\_\_\_

\_\_\_\_\_  
Please sign or use stamp Date