

**DIVISION OF LICENSING PROGRAMS
DEPARTMENT OF SOCIAL SERVICES
CHILD PLACING AGENCY REPORT OF DENTAL EXAMINATION**

Name of Agency, Address: _____

Full Name of child: _____ Birth date: _____

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

Dental work performed, included:

Recommendations, include:

Signature: _____
(Dentist or Dentist Designee)

Date: _____