



County of Yolo

Health & Human Services Agency
Child Welfare Services/Foster Care Nurse
25 North Cottonwood Street, Woodland, CA 95695

PHONE: (530) 661-2621 (office)

FAX: (530) 666-8468

Victoria.Conlu@yolocounty.org

Joan Planell
Director

FOSTER CARE REPORT OF DENTAL EXAM

Date of exam/visit: _____

Age of Child: _____

For Health Passport Update: Provider or foster parent may complete this form or substitute other agency form and return to Victoria Conlu, PHN, at the above address or fax to above fax number. Thank you.

Name of Child: _____

Date of Birth: _____

Diagnosis (please print):

Treatment(s) completed: Exam ___ X-Rays ___ Cleaning ___ Prophy ___ Fluoride ___
Fillings ___ Other ___ Return Appointment Needed ___

Referral to Another Provider? Yes No

Name:

Specialty:

Address:

Telephone:

Date to be seen:

Fax:

Was a complete dental exam performed during this visit? Yes No

Type of visit (circle): Routine Follow-up Ongoing Treatment

Other: _____

Name of clinic, including phone number (Please print or stamp).