



Dental Reminder Notice

Dear Parents:

This letter is a reminder that your child, _____, had an appointment on
____ / ____ / ____.

The following work was done:.

- Dental Exam
- Fluoride Treatment
- Cleaning
- Other, specify _____

Did the child have cavities?

- Yes
- No

Did the child require fillings?

- Yes
- No

Is dental work completed?

- Yes
- NO (if not, another appointment will be scheduled at a later date)

This is a service provided by Head Start to ensure that every child receives good dental services.

Dentist _____

Address _____

