



KARING 4 KIDS FOSTER FAMILY AGENCY

Hanford Lic# 167 207 187

Fresno Lic# 107 207 200

****Official****

DENTAL EXAM

CHILD'S NAME: _____ DOB: _____

DATE OF EXAMINATION: _____

RESULTS:

FOLLOW UP:

COMMENTS:

DOCTOR'S NAME: _____

DOCTOR'S SIGNATURE: _____

ADDRESS: _____

PHONE: _____

Must be completed within 30 days of placement