



KARING 4 KIDS FOSTER FAMILY AGENCY

Visalia Lic# 547 207 238

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.

410 W. Center Ave. Suite # 101 Visalia CA 93291 Office: (559) 583-9500 Fax: (559) 583-9506
2130 N. Winery Ave Suite #101 Fresno CA 93703 Office: (559) 452-9500 Fax: (559) 452-9510