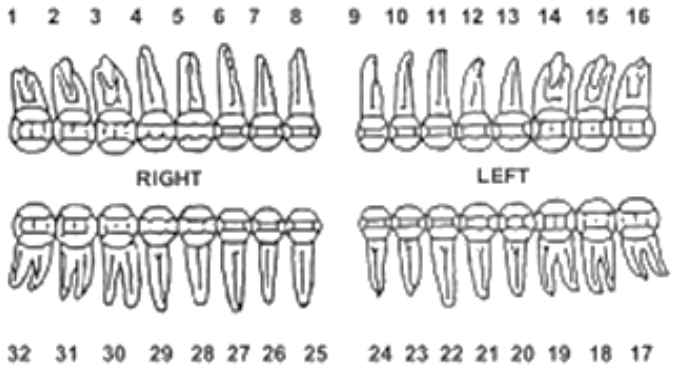
Post-Adjudication Dental Evaluation Form

Grayson County Department of Juvenile Services 86 Dyess, Denison, Texas 75020 Phone: (903) 786-6326 Fax: (903) 786-9401 Please forward to: C. Parker, LVN	Dental Assessment & Treatment Record

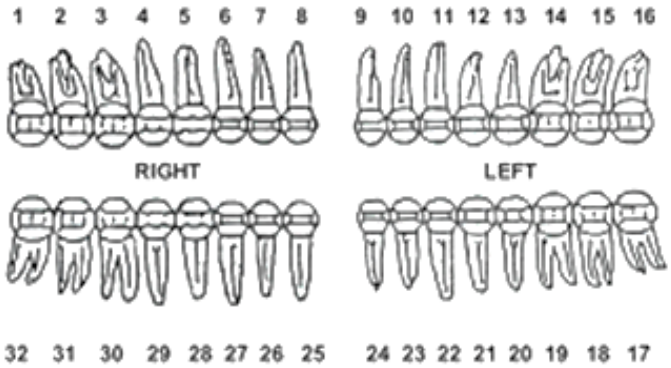
Date:	Youth Name:	Date of Birth:

Dentist:	Dentist Phone Number:

MISSING TEETH AND EXISTING RESTORATIONS



ABNORMALITIES/TREATMENT NEEDED



Medical History: (Circle if Yes)			Currently:	Alergic to:
Anemia	Diabetes	Heart Condition	Taking Medication: Y N	Penicillin: Y N
Rheumatic Fever	Hepetitis	Sickle Cell Trait	Under Physicians Care: Y N	Anesthetic: Y N
				Other:

Comments:

Treatment Date	Dental Treatment and/or Drugs Prescribed X = No Evident Pathology Requiring Immediate Treatment	Dentist Signature