



# DENTIST TREATMENT PLAN COMPLETION FORM

FOR DENTIST'S OFFICE USE ONLY

PLEASE PRINT

First Name

Middle Initial

Last Name

Address

City

State

Zip Code

Smile for Life Category  Child under the age of 5

Visit Type

- Initial
- Regular 6 month check-up
- Phase 1 Dental Treatment Plan Completed
- Dental Treatment Plan Completed

Early Childhood  
Measures Completed

- Completed a dental exam by age 12 months
- Completed a Phase 1 Dental Treatment Plan within 12 months of the initial exam between ages 12 to 60 months
- Received oral health education by the age of 48 months
- Received at least one fluoride varnish application between the ages of 12 to 60 months
- Received a fluoride assessment document



Name of Referring Physician

Dentist's Name and  
Contact Information

Dentist's Signature

Date / /

For more information call  
(724) 852-1001



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