

Post-Adjudication Dental Evaluation Form

Grayson County Department of Juvenile Services 86 Dyess, Denison, Texas 75020						Dental Assessment & Treatment Record				
Phone: (903) 786-6326 Fax: (903) 786-9401 Please forward to: C. Parker, LVN										
Date:	<u> </u>	,	Youth N	lame:		Date	of Birth	1:		
Dentist:				Dentist Phone Number				nber:		
MISSING TEETH AND EXISTING RESTORATIONS					ABNORMALITIES/TREATMENT NEEDED					
1 2 3 4	5 6 7 8	9 10 11 12 13	14 15	16 1	2 3	4	5 6 7 A	7 8 a.A	9 10 11 12 13 14 15 16	
RIGHT LEFT					RIGHT				LEFT	
							M	W		
32 31 30 29	28 27 26 25	24 23 22 21 20	19 18	17 32	31 3	30 29	28 27	26 25	24 23 22 21 20 19 18 17	
Medical History: (Circle if Yes)				Currently:	Ale				to:	
Anemia Diabetes Heart Condition			on	ation: Y N Pe			Penicil	lin: Y N		
Rheumatic Fever Hepetitis Sickle Cell Tra		t	Under Physici				Anesth Other:			
Comments:										
Treatment Date	, ,					ment			Dentist Signature	