East Missouri Action Agency, Inc. Head Start

DENTAL TRACKING SHEET

Center ____________________________________

MC - Medicaid
C - Complete
W - Work

Child's Name	MC	Date of Initial Dental Appt.	Results		1st Appt.			2nd Appt.			3rd Appt.			4th Appt.			Dentist's Name
	Y or N		C	W	Date	C	W	Date	C	W	Date	C	W	Date	C	W	

Revised 8/07