



ADA American Dental Association®

TAKE HOME INSTRUCTIONS

Dear Parent/Guardian of: _____

Today, your child had a dental examination performed on him/her. The results of the examination call for the following treatment(s).

- A. Cleaning and fluoride treatment _____ was given ___needed
- B. Cavity(ies) filled #: _____ _____ was given ___needed
- C. Pre-medication before dental work _____ was given ___needed
- D. Teeth extracted _____ was given ___needed
- E. Stainless steel crown _____ was given ___needed
- F. Pulpotomy (nerve treatment) _____ was given ___needed
- G. Return visit needed (you will be notified if necessary for you to accompany your child.)

Additional Comments and Future Recommendations:
