Foster Family Agency
"Our Children...
Our Communities...
Our Legacy..."

DENTAL CARE CONFIRMATION

Child Name: _____ DOB: _____

The above-mentioned child was in our office on (Date) _____

For the following procedure(s):

[ ] Dental Exam
[ ] Dental X-Rays
[ ] Cleaning
[ ] Fillings
[ ] Other:

_____
_____

Follow-up/Referrals:

_____
_____

Name of Provider: _____ Phone: _____
Address: _____
_____
_____

Signature: _____

Please return this form to the resource parent upon completion.

Ready for Life
Foster Family Agency
962 Maraglia Street
Redding, CA 96002
PO Box 991393
Redding CA, 96099-1393

T (530) 222-1826
F (530) 225-8780
Facility Lic 455 002 824
www.readyforlife.net