



California Foster Families, Inc.

www.cafosterfamilies.com

DENTAL FORM

Child's Name _____ DOB _____

County Worker _____ Phone # _____

Foster Parent _____ Phone # _____

Doctor's Name _____

Address _____

Phone# _____

Services Provided:

Findings/Diagnosis:

Followup Procedures:

Dentist's Signature

Date

09/2014

Valley Springs • Lic #057004654
1919 Vista Del Lago Rd. Ste. 3 • P.O. Box 489
Valley Springs, CA 95252
209.920.3357

Stockton • Lic #397005485
230 E. Main Street
Stockton, CA 95202
209.234.8663