



Dear Dental Care Provider:

Please complete the attached Child Dental Record for children enrolled in our Head Start/Early Head Start Program. Please complete the forms as treatment is provided, and forward them by mail or fax to:

Bridges Head Start / Early Head Start Program
P.O. Box 799
West Point, VA 23181
Fax: (804) 843-2308
Email: pbrooks@pcdcva.org

A medical release form, signed by the parent/guardian, will be provided if needed.

Please note that federal dental guidelines require all children in Head Start/Early Head Start Programs to receive fluoride. Please prescribe fluoride at the time of the exam if the child is not receiving fluoride from another source.

Thank you for assisting us in better serving the families in our program and community. If you have any questions or concerns, please call me at (804) 843-2289 or email me at pbrooks@pcdcva.org.

Sincerely,

Gay Brooks, RN
Health & Safety Coordinator