

Approval for dental work to be done:

Child's Name: \_\_\_\_\_

Unit : \_\_\_\_\_

Parents' Name: \_\_\_\_\_

Place of Initial Exam: \_\_\_\_\_

Date of Initial Exam: \_\_\_\_\_

Follow up work to be done at: \_\_\_\_\_

Estimated Cost of follow up: \_\_\_\_\_

Approved By:

\_\_\_\_\_  
Health Coordinator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Fiscal Manager

\_\_\_\_\_  
Date

\_\_\_\_\_  
Exec. Director

\_\_\_\_\_  
Date