



# Benchmark Family Services

**Anderson Regional Office**

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[www.benchmarkfamilyservices.org](http://www.benchmarkfamilyservices.org)

## Dental Appointment Report

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

DOB: \_\_\_\_\_

Date of Appointment: \_\_\_\_\_

Providers Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone#: \_\_\_\_\_

Check-Up Cleaning \_\_\_\_\_

Cavity Filling(s) \_\_\_\_\_

Follow-Up Appointment \_\_\_\_\_

Other \_\_\_\_\_

Examination Findings and Treatment Recommendations:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Provider: \_\_\_\_\_ Date: \_\_\_\_\_

\*please return form to Benchmark Family Services