OMB Control No: 0970-0466
Expiration date: XX-XX-XXXX

Dental Exam Form
Unaccompanied Children's Program
Office of Refugee Resettlement (ORR)

General Information

Minor	Last name:	First name:		
	DOB: ____/____/_____	A#:	Gender:	
Dental Provider	Name:	Phone number:	Clinic or Practice:	
	Street address:	City or Town:	State:	Date of visit: ____/____/_____
Program	Program name:	• Program Staff Member Present During Exam with Dental Provider		

Dental History

Concerns Expressed by Minor or Caregiver:

Diagnosis and Plan

Diagnosis: Minor with complaints, symptoms, diagnoses/conditions; meds prescribed (including OTC) or referrals needed:
€ € Yes, check all diagnoses that apply. Specify in the space provided, where indicated.

€ Broken tooth or teeth	€ Gingivitis/Gum disease
€ Impacted tooth/teeth	€ Infection/Abscess
€ Tooth decay/Caries, specify how may: _____	€ Tooth sensitivity
€ Other, specify:	

Plan: Check all that apply and specify in the space provided.

Return to clinic: € PRN/As needed € Follow-up (specify condition, timing): _____
Minor fit to travel: € No € Yes: _____
Per program staff, discharge from ORR custody will be delayed: € No € Yes: _____
Minor has/may have an ADA disability: € No € Yes: _____
€ Referred to specialist: _____
€ Medications given (specify name, reason, date started, dose, and directions and indicate if psychotropic):
_____
_____
€ Dietary restrictions:_____
€ Surgery/procedure needed/performed: _____
€ Other: _____

Recommendations from Healthcare Provider / Additional Information

Dental Provider Signature: _____ **Date:** _____ / _____ / _____

Dental Provider Printed Name: _____

The purpose of this information collection is to provide ORR with critical health information for unaccompanied children in the care of ORR. Public reporting burden for this collection of information is estimated to average 5 minutes per healthcare provider, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. This is a mandatory collection of information (6 U.S.C. §279: Exhibit 1, part A.2 of the Flores Settlement Agreement (Jenny Lisette

Flores, et al., v. Janet Reno, Attorney General of the United States, et al., Case No. CV 85-4544-RJK [C.D. Cal. 1996]). An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information subject to the requirements of the Paperwork Reduction Act of 1995, unless it displays a currently valid OMB control number. The OMB # is 0970-0466 and the expiration date is XX/XX/XXXX. If you have any comments on this collection of information, please contact UACPolicy@acf.hhs.gov.