2938 North Avenue, Suite G
Grand Junction Colorado
Phone: 970.245.1616
Fax: 970.241.8722

2145 Academy Place
Colorado Springs CO 80909
Phone: 719.260.6110
Fax: 719.000-0000

4251 Kipling Street Suite 500
Wheat Ridge CO 80033
Phone: 303.703.9351
Fax: 303.703.4500

Dental Evaluation

Name: ________________________________ Date of Appt: __________ Time of Appt.: _______

Facility: ________________________ Physician/ Providers Name: _________________________

Ariel Staff Present: _____________________________________

To be completed by dentist:

		YES	NO
1.	Are there any decayed teeth?	_____	_____
2.	Is the gum tissue normal?	_____	_____
3.	Do the teeth show evidence of proper brushing?	_____	_____
4.	Is there obvious infection?	_____	_____
5.	Are further X-rays needed?	_____	_____
6.	Should straightening of the teeth be considered?	_____	_____
7.	Are other abnormalities present other that malocclusion?	_____	_____
8.	Did the patient arrange for necessary treatment?	_____	_____

Comments & Recommendations:

____
____
____
____
____
____
____

Signature of Evaluator: ________________________________ Date: _______________

Distribution:
▫MDS Case Manager
▫Ariel Case File
▫Home File