**[**Date]

[Name of oral health provider]

[Address]

[City, State, Zip]

Dear [Name of oral health provider]:

We are pleased to share with you oral health forms developed by the Office of Head Start. We encourage you to use the forms when providing care to Head Start program participants.

The oral health form is an important record of a patient’s dental home status, current oral health status, and what oral health care was delivered during the dental visit (for example, diagnostic and preventive services, counseling, restorative and emergency care, referral to a specialist for care). The form also serves as an important record of what oral health care is needed and any information to share with others.

Please complete a new form each time a Head Start program participant has a dental visit. You can either complete a printed form and send it to the Head Start program or complete an electronic form and e-mail it via a secure Internet connection to the Head Start program. If the child’s parent or a pregnant women or pregnant person provides permission, you can share the completed form with the patient’s medical provider to promote collaboration between the two of you.

[Name of Head Start staff] will be contacting you to confirm you have received the form and arrange for its return. [She/He] will be able to answer any questions about using the form or accessing it electronically.

We appreciate all that you do to help improve oral health for Head Start participants.

Sincerely,

[Signature]

[Name of Head Start program director]