

SALISBURY TOWNSHIP SCHOOL DISTRICT

Lehigh Christian Academy
1151 S. Cedar Crest Boulevard
Allentown, PA 18103
(610) 776-7301
Fax: (610) 776-1417

Date _____ Grade: _____

Patient's Name _____
(please print)

Homeroom Teacher _____

Under Care? Yes No

Necessary care completed? Yes No

Topical Fluoride Application? Yes No

Dentist's Name _____
(please print)

Dentist's Signature _____

PLEASE RETURN THIS FORM TO SCHOOL