

SALISBURY TOWNSHIP SCHOOL DISTRICT

FAMILY DENTAL FORM

\*\*\*\*\*

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 Signature \_\_\_\_\_

**\*\*\*PLEASE RETURN THIS FORM TO SCHOOL\*\*\***

SALISBURY TOWNSHIP SCHOOL DISTRICT

FAMILY DENTAL FORM

\*\*\*\*\*

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 Signature \_\_\_\_\_

**\*\*\*PLEASE RETURN THIS FORM TO SCHOOL\*\***