DELAWARE COUNTY CHRISTIAN SCHOOL

Health Services
Dental Examination Report

Dental Examination Report

This card should be completed by your dentist and returned to the appropriate campus.

Student's Name:_____ **Grade:**_____

Date of Exam:_____

Dentist's remarks on dental condition:_____

_____

_____

_____

_____

Dentist's Signature

Elementary Campus
905 South Waterloo Road
Devon, PA 19333
84-654-2400

Upper Campus
462 Malin Road
Newtown Square, PA 19073
610-353-6522