

**St. Thomas More  
1040 Flexer Avenue  
Allentown, PA 18103  
432-0396 or 432-4525**

Salisbury Township School District  
Family Dental Form

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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)

Dentists' Signature \_\_\_\_\_

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