



**Lebanon Christian
Academy**
Medical Form

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH
LEBANON CHRISTIAN ACADEMY
FAMILY DENTIST REPORT

GRADE _____

NAME _____

HOME ADDRESS _____

THE ABOVE NAMED CHILD LAST VISITED MY OFFICE

ON _____ AT THAT TIME ALL NECESSARY DENTAL
CORRECTIONS HAD BEEN MADE. YES _____ NO _____

IF THE ANSWER IS NO, PLEASE FILL IN THE FOLLOWING:

The child is in need of treatment for one or more of the following:

Primary teeth _____ Fillings _____ Extractions _____

LIST ANY OTHER DENTAL PROBLEMS WHICH YOU FEEL SHOULD BE KNOWN TO THE SCHOOL HEALTH
DEPARTMENT: _____

DATE _____ SIGNATURE _____ D.D.S.