

DENTAL REPORT CARD
Delaware County Christian School



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
2 Bishop Hollow Road
Newtown Square, PA 19073
610.353.6931

Upper Campus
462 Malin Road
Newtown Square, PA 19073
610.353.6522