



Valley Christian School

2364 Huntingdon Pike
Huntingdon Valley, PA 19006
215-947-4581
www.VCSKids.com

DENTAL REPORT

Name (Last) (First) (Birthdate)

Street City/State Zip

The above named child last visited my office on _____

All necessary dental treatment is complete _____
(yes or no)

This child is currently under treatment _____
(yes or no)

Signature/Stamp & Date