

The Salvation Army
Children's Services
425 Allentown Drive, Suite 1
Allentown, PA 18109



Continuing Dental Record

Name of Child: _____

Date	Tooth #	Surface	Procedure	Additional Information

Dentist's Name: _____

Address: _____

Phone: _____

Date of Appointment: _____

Dentist's Signature: _____

Date: _____