RESET

EMAIL TO:

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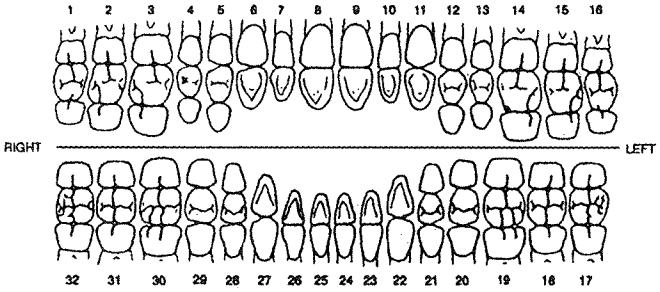
MEDICAL RECORD — DENTAL - CONTINUATION

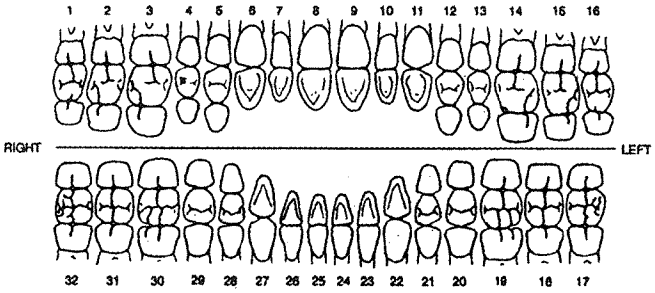
SECTION III. ATTENDANCE RECORD

15. RESTORATIONS AND TREATMENTS *(Completed during service)*



REMARKS

16. SUBSEQUENT DISEASES AND ABNORMALITIES



REMARKS

17. SERVICES RENDERED

Date	Diagnosis - Treatment	Class	Operator and Dental Facility	Initials

RELATIONSHIP TO SPONSOR	SPONSOR'S NAME			SPONSOR'S ID NUMBER *(SSN or Other)*
	LAST	FIRST	MI	

DEPART./SERVICE	HOSPITAL OR MEDICAL FACILITY	RECORDS MAINTAINED AT

PATIENT'S IDENTIFICATION *(For typed or written entries, give: Name -- last, first, middle; ID no.(SSN or other); hospital or medical facility)*	REGISTER NO.	WARD NO.

LAST NAME	FIRST NAME	MIDDLE INITIAL	ID NUMBER

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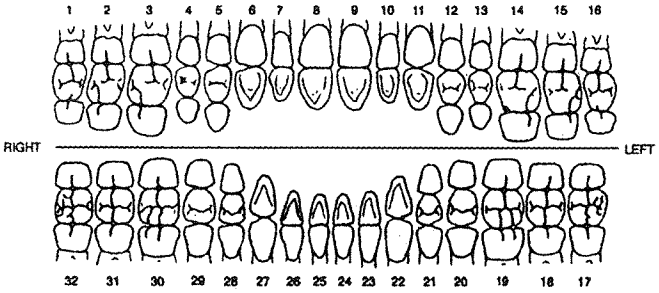

REMARKS

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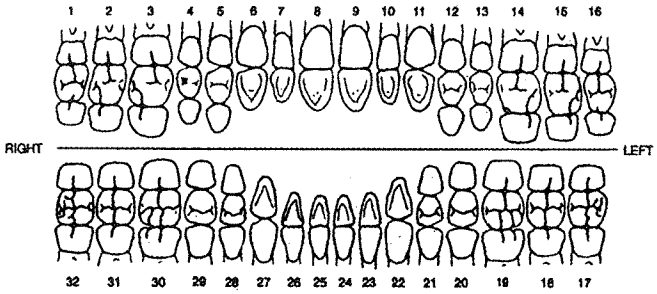

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