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PATIENT NUMBER

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(800) 243-4675

PATIENT'S NAME \_\_\_\_\_  
Last First Initial Date of Birth

| PROBLEM #   | DATE | TOOTH # | TREATMENT | ADA CODE OR FEE | DISC. | DR. ASST./HYG. |   |  |  |  |  |  |  |   |  |  |  |  |  |  |   |  |  |  |  |  |  |   |  |  |  |  |  |  |   |  |  |  |  |  |  |   |  |  |  |  |  |  |   |  |  |  |  |  |  |   |  |  |  |  |  |  |
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ANEST.

MED. ALERT

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