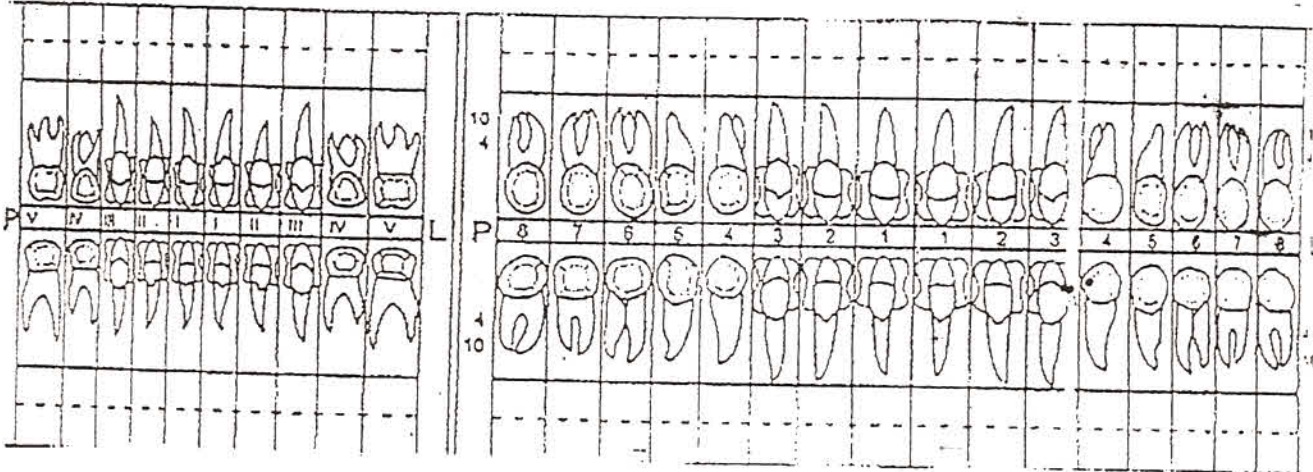


PATIENT nr

INITIALS:

AGE:



DATE	TOOTH	DIAGNOSIS	TREATMENT	ASSISTANT'S SIGNATURE