

Please print your Firm & Certif

fi	Firm # cate #	Certificate #
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DATE OF SERVI RE OCEDURE	TOOTH DENTIST'S LABORATORY TOTAL			
YYYYMM DD CODE	SURF]TJ EMC ET BT 7 0 0 7 180.663 5OE(þÿ)>>BDC 7 0 0 7 26.964 520.5871 Tr	m 34.63 0 Td ()Tj	EMC7 0 0 7	7 1800 048685RO
PART 2. DENTIST'S SUI	PPLEMENTARY REPORT			
1Description of damage				
TDescription of damage				
2 Is further treatment ind	ता ट¥le d?TYes If Yes, please describe.			
		ESTIM	ATED DATE	OF TREAT
INT. TOOTH CODE	TREATMENT INDICATED – USE PROCEDURE CODE IF POSSIBLE	YYYY	MM	DD
				
3.Describe further potenti	ial problems and indicate time frame			
Dentist's Signature	Date			