

HEALTH RECORD

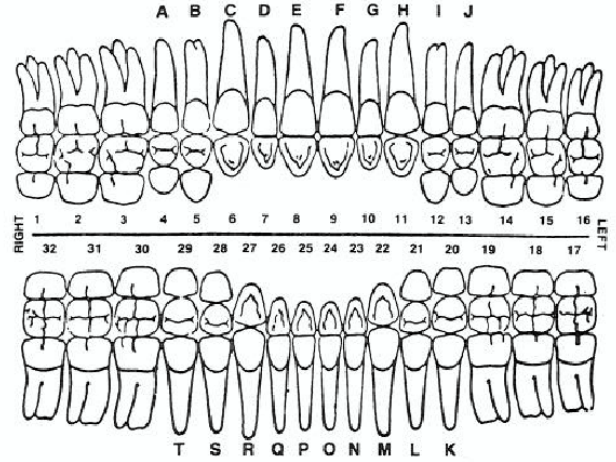
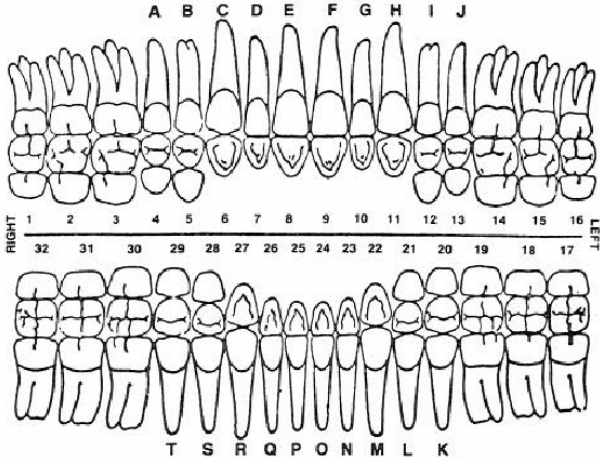
DENTAL - Continuation

SECTION II. CHRONOLOGICAL RECORD OF DENTAL CARE

PAGE:

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

9. SUBSEQUENT DISEASES AND ABNORMALITIES



REMARKS

REMARKS

10. SERVICES PROVIDED

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, PROVIDER, TREATMENT FACILITY <i>(Sign each entry)</i>	CLASS

PATIENT'S IDENTIFICATION <i>(Use this Space for Mechanical Imprint)</i>	PATIENT'S NAME <i>(Last, First, Middle Initial)</i>		SEX
	DATE OF BIRTH	RELATIONSHIP TO SPONSOR	COMPONENT STATUS
	SPONSOR'S NAME		DEPART SERVICE
	SSN OR IDENTIFICATION NO.		RANK/GRADE
		ORGANIZATION	

EXCEPTION TO SF 603A
 APPROVED BY GSA/IRMS 1-91

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