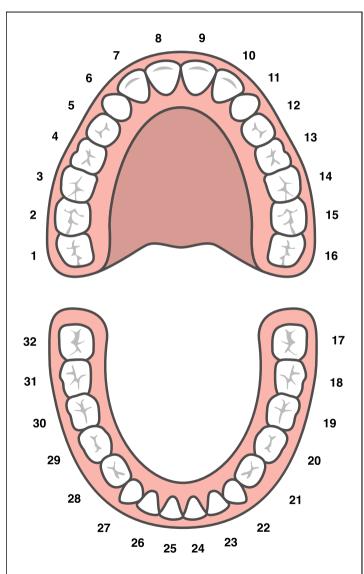
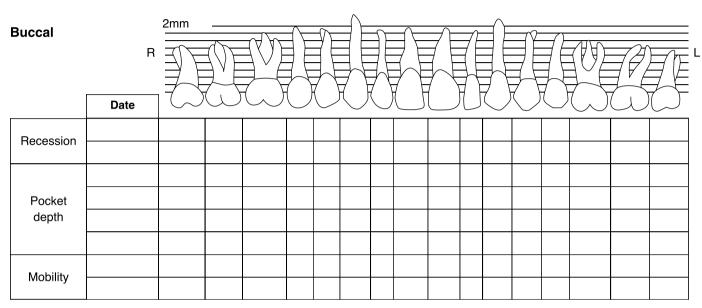
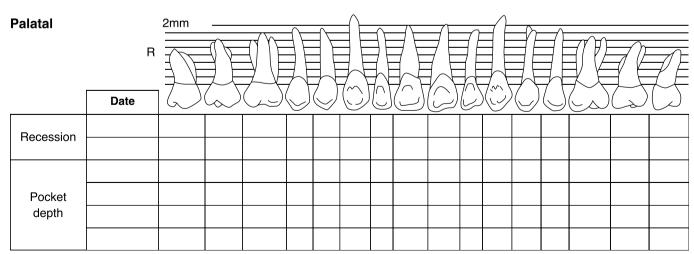
Dental Charting

Name:	Date of birth:	Contact information:			
Gender:	Patient number:	Date of appointment:			







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