ALPHA OMEGA

HSC Henry Schein Cares
Helping Health Happen

STANDARD DENTAL ENCOUNTER FORM

Holocaust Survivors Oral Health Program

Program Guardians
The Claire Friedlander Family Foundation
Robert I. Schattner Foundation, Inc.

	UNIQUE NO.	SPEC.	PATIENTS OFFICE ACCOUNT NO.

PATIENT	DENTIST PHONE NO.

FOR DENTIST USE ONLY - FOR ADDITIONAL INFORMATION, DIAGNOSIS, PROCEDURES, OR SPECIAL CONSIDERATIONS.

OFFICE VERIFICATION

DATE OF SERVICE DAY	MO.	YR.	PROCEDURE CODE	INTL. TOOTH CODE	TOOTH SURFACES	FOR OFFICE USE

THIS IS AN ACCURATE STATEMENT OF SERVICES PERFORMED

Please return this form promptly to:

Attn: Bernice Edelstein
Email: bernice.edelstein@aofus.org

Please direct any questions by calling Bernice at 240-876-3330.
Thank you for being part of the AO-HSC Holocaust Survivors Oral Health Program!

ALL INFORMATION RECORDED ON THIS FORM IS CONFIDENTIAL