## Holocaust Survivors Oral Health Program

Program Guardians

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

UNIQUE NO.

SPEC.

PATIENTS OFFICE ACCOUNT NO.

P	D
A	E
T	N
1	Т
E	I
N	S
T	Т

PHONE NO.

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

OFFICE VERIFICATION

DATE DAY	OF SER\ MO.	VICE 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!