

**APPLICATION FOR DENTAL SERVICE**

**Reply to:**

\_\_\_\_\_ HOSPITAL NAME

1. Name and qualifications of dentist with overall responsibility for the service: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

2. Number of dentists with staff privileges: \_\_\_\_\_

3. Number of dental hygienists: \_\_\_\_\_

4. Number of dental assistants or dental laboratory technicians: \_\_\_\_\_

5. Describe method by which a dental patient receives necessary medical care: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_