SADA

THE SOUTH AFRICAN DENTAL ASSOCIATION

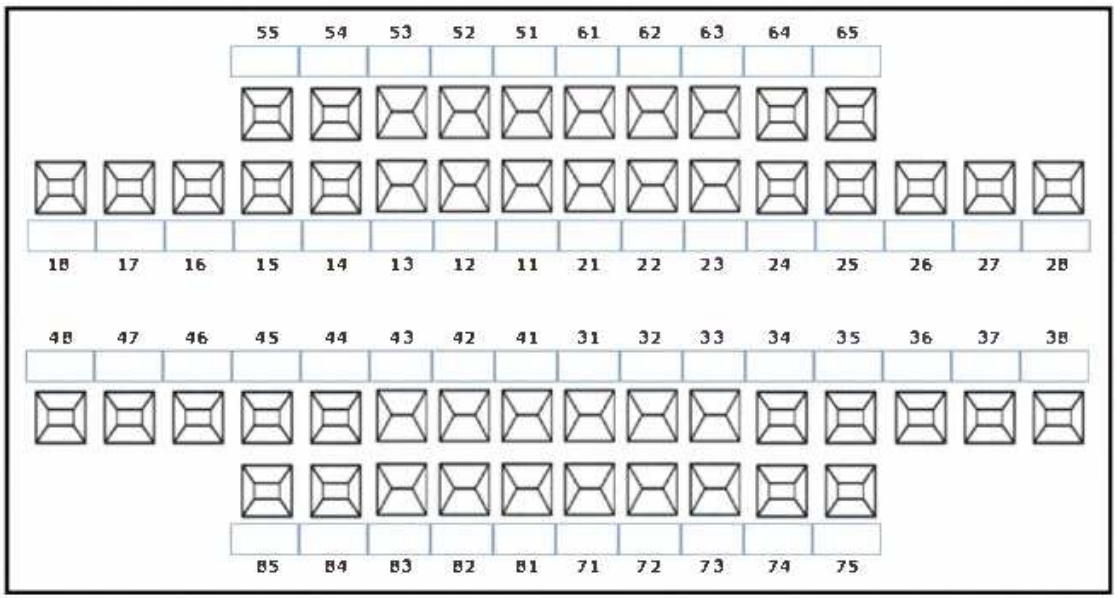
SAMPLE TEMPLATE FOR DENTAL CHARTING

Patient Name: _____

Date of Birth: _____

Medical Aid information: _____

Date of examination: _____

Main Complaint:_____

Treating practitioner: _____