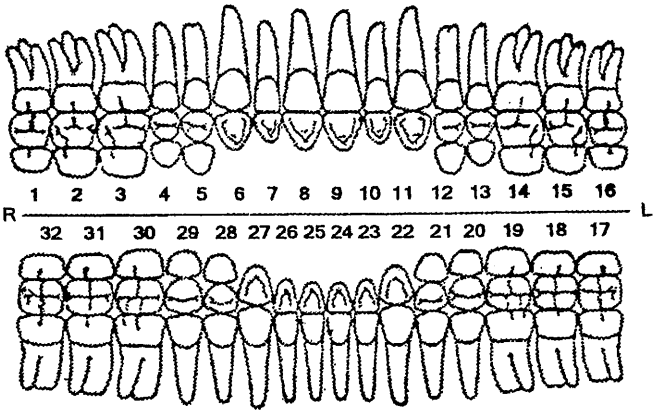
DENTAL CONTINUATION RECORD

STATE OF ALASKA

DEPARTMENT OF CORRECTIONS

NAME	OTIS	DOB

DISEASES AND ABNORMALITIES



REMARKS

SERVICES RENDERED

DATE	FACILITY	PROGRESS NOTES / SIGNATURE
		I UNDERSTAND AND APPROVE
		NEEDED DENTAL TREATMENT
		X_____
		PRISONER **DATE**

DENTAL CONTINUATION RECORD

STATE OF ALASKA DEPARTMENT OF CORRECTIONS

NAME	OTIS	DOB

SERVICES RENDERED

DATE	FACILITY	PROGRESS NOTES / SIGNATURE

Form Instructions - Dental Continuation Record

This form is to be used for all examinations after the initial examination. The back of the form has continuation space for progress notes.