Healthy Teeth Collaboration (HTC)

Statement of Relationship between the Agent and the Applicant

To: Loving Smiles Special Care Dental Centre,

I _____ (name), HKID No. _____, hereby declare that I am the * father / mother / brother or sister / grandparent / spouse of the applicant _____ (name), HKID No. _____ , for the dental service, Healthy Teeth Collaboration.

(* Please circle where appropriate)

Signature: _____

Contact phone No.: _____

Date: _____