Healthy Teeth Collaboration (HTC)

Attendance Record

To: Loving Smiles Foundation Limited Company Chop:

Name of Patient: _____

DH Registration No.: _____

To be completed by Clinic Staff		To be completed by Patient / Accompanying Person		
Date of Visit	Name of Clinic Staff	Name of *Patient / Accompanying Person （In Block Letter）	Relation with the Patient (e.g. Parent, escort etc.）	Patient / Accompanying Person Signature