

Healthy Teeth Collaboration (HTC)

Attendance Record

Name of NGO : _____

Patient's Name : _____

DH registration no : _____

Official Chop: _____

To be completed by Clinic Staff		To be completed by patient / accompanying person		
Date of Attendance	Name of Clinic Staff	Name of patient / accompanying person (in Block Letter)	Relationship with the patient (e.g. parent / escort etc.)	Patient / accompanying person's signature