فرم ارجاع

ارجاع به مرکز خدمات جامع سلامت/ پایگاه ثابت سلامت دهان و دندان :............................

نام و نام خانوادگی دانش آموز:......................... پایه تحصیلی:............... مدرسه :.................. مهر و امضا دندانپزشک:.............

نیازهای درمانی: (لطفا در خانه های مربوطه کد 1 تا 4 نیازهای درمانی راثبت نمایید)

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 C D E B A A B C D E

نیاز های درمانی:**1**.نیاز به خارج کردن دندان **2**.نیاز به ترمیم دندان **3**.نیاز به فیشورسیلانت **4**.نیاز به درمان تخصصی جرمگیری و بروساژ

فرم ارجاع

ارجاع به مرکز خدمات جامع سلامت/ پایگاه ثابت سلامت دهان و دندان :............................

نام و نام خانوادگی دانش آموز:........................ پایه تحصیلی:............... مدرسه :.................. مهر و امضا دندانپزشک:...............

نیازهای درمانی: (لطفا در خانه های مربوطه کد 1 تا 4 نیازهای درمانی راثبت نمایید)

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 E D C A A B B C D E

نیاز های درمانی:**1**.نیاز به خارج کردن دندان **2**.نیاز به ترمیم دندان **3**.نیاز به فیشورسیلانت **4**.نیاز به درمان تخصصی جرمگیری و بروساژ