

United Treatment Centers Inc.

Your Company Name: _____

Co-ordinator's Name: _____

Co-ordinator's Phone No.: _____

Co-ordinator's Fax No.: _____

Company Address: _____

The Mobile Dental Unit will be here on:

_____ _____ _____ _____
Day of week Day Month Year

From: _____ am pm until: _____ am pm

Please sign up to see the Dentist

1	_____	15	_____	29	_____
2	_____	16	_____	30	_____
3	_____	17	_____	31	_____
4	_____	18	_____	32	_____
5	_____	19	_____	33	_____
6	_____	20	_____	34	_____
7	_____	21	_____	35	_____
8	_____	22	_____	36	_____
9	_____	23	_____	37	_____
10	_____	24	_____	38	_____
11	_____	25	_____	39	_____
12	_____	26	_____	40	_____
13	_____	27	_____	41	_____
14	_____	28	_____	42	_____

Please fax completed form to (718) 679-9661
Contact us at (718) 772-6611