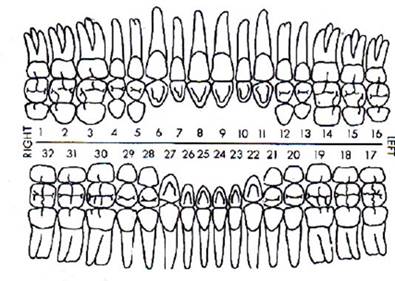
**Dental Care Record:**

Name: Offender #: D.O.B.:

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| **Date:** | **Time:** | **Comments:** |
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