



*"Customer Driven"*

**THE OTERO CORPORATION  
Dental Treatment**

**Individual's Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Dentist Name:** \_\_\_\_\_

**Time:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Brief description of treatment provided:**

**Treatment needs/follow-up required:**

\_\_\_\_\_  
**Dentist's Signature**

\_\_\_\_\_  
**Date**

**Date of next appointment:** \_\_\_\_\_