

St Pauls Garda Medical Aid Society

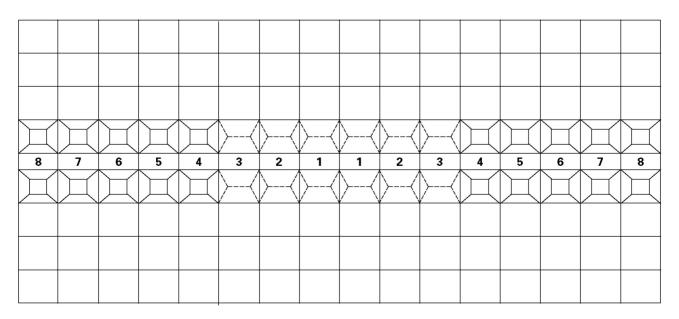
Registered Number:	Name of Patient:	

TO BE COMPLETED BY THE DENTIST

DATE	TREATMENTS	COST
1		
2		
3		
4		
5		

This is not a receipt - to be accompanied by a receipt on dentist headed paper. Ma3 form must be completed by a member

OVER



Signature of Dentist: