

Date:

Medical director signature

Form No. QF-QR-0222 Rev. 00

Logbook for General Dentists (supervised)

This is to certify that the healthcare practitioner/is currently working under supervision of Dr./				_, QID number/ _ License number/		
from date/						
Patient name	File No:	Diagnosis	Procedure	Date of procedure	Supervisor signature	Supervisee Signature

Ministry of Public Health

Facility stamp

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