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| Vårdgivare/Klinik | Datum |
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| Vårdenhet | Avdelning |
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| Rekommenderas tandläkar-/tandhygienistbehandling |
| **Namn** | **Anteckning** | **Fått tid till tandvård/signatur** |
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*Blanketten lämnas till ansvarig vårdpersonal*