

# Dental Health Services

Non-Admitted Patient Services

2005-2006

S2 127

**Agency:**

**Output:**

**Period:**

**Year:**

**Type of Service**

**Occasions of Service**

1 Dental Emergency Treatment

2 Dental General Outpatient Treatment

3 TOTAL

**Only public non-admitted patient occasions of service are counted on this return. Services for private patients (including compensables) are excluded.**

Signed (Chief Executive Officer):

Date: