

# Dental Health Services

Non-Admitted Patient Services

2007-08

S2 127

**Agency:**

**Output:**

**Period:**

**Year:**

Type of Service	Occasions of Service
1 Dental Emergency Care	
2 Dental General Care	
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: