

Republic of the Philippines
Department of Science and Technology
PHILIPPINE SCIENCE HIGH SCHOOL – MAIN CAMPUS
Agham Road, Diliman, Quezon City

DENTAL CLINIC

INFORMATION SHEET

Name of Student: _____

Home Address : _____

Tel. No. : _____

Name of Father: _____

Home Address : _____

Tel. No. : _____

Name of Mother: _____

Home Address : _____

Tel. No. : _____

Persons to be notified in case of **“EMERGENCY”**

1. Name _____

Relationship to student _____

Address _____

Tel. No. _____

2. Name _____

Relationship to student _____

Address _____

Tel. No. _____

3. Name _____

Relationship to student _____

Address _____

Tel. No. _____