REPORTING FORM FOR RENEWAL DENTIST ORAL HEALTH ACCESS SUPERVISION PERMIT

Name:_____ Permit #:_____

Date of Report:_____

Services **under OHASP** during the two years prior to submission of the renewal application:

Service Date	Service Site	Service City	County	# Pts Seen	# Pts Hyg Services Provided	# Pts Clinically Evaluated After Hyg Services	Name of Hygienist
Grand Total							

This Reporting Form **must** be completed and uploaded to the online renewal application.