SPECIAL CARE DENTISTRY LOG BOOK

## [Candidate's name - insert here]

## APPENDIX E [Date of submission insert here]

Category of Patient:										
Unique Identifier	Date	Age	Sex	Significant Medical History	Treatment Undertaken	Method for Pain & Anxiety Control	Р	Α	O	Comments

Please indicate one choice per case from P, A, O where P = P erformed, A = A ssisted, O = O bserved

Signature of Trainer/Supervisor.....