

WEEKLY RECORD SHEET TO BE COMPLETED BY EACH DENTAL PRACTICE AND RETURNED WEEKLY
TO: Evelyn Curry, FPSU, HSCB, Gransha Park House, 15, Gransha Park, Clooney Road, Londonderry
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Name of Lead Dentist: _____ DS Number: _____

Address of dental practice: _____

Report for week ending: _____

	Monday	Tuesday	Wednesday	Thursday	Friday
Number of patients attending the practice					
Other work carried out in practice as a result of patients not being seen (see DHSSPS guidance)					
Number of dentists absent due to illness or caring duties					
Number of other staff absent due to illness or caring duties					
Days when the practice had to close due to staff shortages					
Other work undertaken at the request of the Health & Social Care Board					