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| DAY OF THE WEEK |  |  |  |  |  |
| TIME: DENTIST: | MORNING | MORNING | MORNING | MORNING | MORNING |
| DENTAL ASSISTANT: |  |  |  |  |  |
| DENTAL HYGIENIST:  |  |  |  |  |  |
| TIME: DENTIST: | AFTERNOON | AFTERNOON | AFTERNOON | AFTERNOON | AFTERNOON |
| DENTAL PROFESSIONAL: |  |  |  |  |  |
| DENTAL HYGIENIST: |  |  |  |  |  |
| TIME: DENTIST: | EVENING | EVENING | EVENING | EVENING | EVENING |
| DENTAL PROFESSIONAL: |  |  |  |  |  |
| DENTAL HYGIENIST: |  |  |  |  |  |