

NAME

GRADE/RATE

DENTAL OFFICER

ROOM NUMBER

DAY	DATE	HOUR	ARRIVED	DEPARTED

DENTAL APPOINTMENT, NAVMED 6600/6 (REV. 2-74) FRONT

S/N 0105-LF-216-6660

(Over)

1. Bring this card with you.
 2. Brush your teeth before reporting.
 3. Bring your dental chart if it is not at this activity.
 4. Telephone _____ if you are unable to keep this appointment
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FORM OR PUBLICATION NO. AND ISSUE OR REVISION DATE

NAVMED 6600/6 (2-74)

FR/NO.

DATE

CLASSIFICATION OF PUBLICATIONS

TITLE OR DESCRIPTION

S/N 0105-LF-216-6660

NO. OF PAGES

2

TRIM SIZE

4 x 2 1/2

STOCK SPECIFICATIONS

GRADE	WEIGHT	COLOR	GRADE	WEIGHT	COLOR	GRADE	WEIGHT	COLOR
INDEX	220	WHITE						

PRINTING SPECIFICATIONS

ONE SIDE	TWO SIDES	SAME	DIFFER	H TO H	H TO F	H TO L	H TO R	COLOR INK (I/ not black)	SUPERSIDES	NEW	
	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					NAVMED 1379(3-58)		
FRONT MARGINS				HEAD				BACK MARGINS			
<input type="checkbox"/> 3/8 HEAD	<input checked="" type="checkbox"/> OTHER	HEAD	LEFT	RIGHT	FOOT	<input type="checkbox"/> 3/8 HEAD	<input checked="" type="checkbox"/> OTHER	HEAD	LEFT	RIGHT	
CNTR L & R		1/8	1/8			CNTR L & R		1/8	1/8		

FINISHING SPECIFICATIONS

FOLDING		STD DRILLING		NON-STANDARD DRILLING				WIRE STITCHING		
FOLD TO	2 TOP	3 LEFT	NO.	DIAMETER	C TO C	LOCATION	NO.	<input type="checkbox"/> SIDE	<input type="checkbox"/> SADDLE	<input type="checkbox"/> TOP LEFT CORNER
PERFORATING OR SCORING				PADDING				UNIT OF ISSUE		
<input type="checkbox"/> PERT	<input type="checkbox"/> SCORE	DISTANCE	FROM	SHEETS	SETS	LOCATION	OTHER	<input type="checkbox"/> 500'S	<input type="checkbox"/> 1000'S	

SPECIAL INSTRUCTIONS

P 16500 - SARINK WRA