

PHILIPPINE DENTAL ASSOCIATION
For PhilHealth Accreditation



(Please PRINT all your answers)

Full Name: _____ PRC

No.: _____

Age: _____ Sex: _____

Birthday: _____

Residence

Address: _____

Tel. No.: _____

Clinic

Address: _____

Tel. No.: _____

Mobile No.: _____ Email

Address: _____

School Graduated: _____ Year

Graduated: _____

Requirements to be submitted:

Passport size photo (2 pcs)

PRC Card (photocopy)

Member of PDA for at least 2 years

TO BE FILLED UP BY PDA MEMBERSHIP OFFICER

Name: _____

Date: _____

PRC No: _____ O.R. No.: _____ Sticker

No: _____