Maryland DENT-CARE
LOAN ASSISTANCE REPAYMENT PROGRAM

MDC-LARP MONTHLY REPORT SHEET

Name: _____ **Date:** _____

Phone: _____

E-mail Address: _____

Only one report sheet should be submitted per month. If you practice at multiple locations, please combine all information on one report.

December - 2013	Hours Worked/Week	# MMAP Scheduled Appts/Week	# MMAP Completed Appts/Week	Total # Patients/Week
12/01/2013 - 12/07/2013				
12/08/2013 - 12/14/2013				
12/15/2013 - 12/21/2013				
12/22/2013 - 12/28/2013				
12/29/2013 - 12/31/2013				
	0.00	0.00	0.00	0.00

_____
Authorized By

_____
Title

_____
Date

REMINDER:

Please complete your monthly MDC-LARP Report Sheet and e-mail it by the 10th of the following month. Thank You!

E-mail: dhmh.mdclarpprogram@maryland.gov

☐ **Please check here to confirm that all information provided is complete and accurate.**

Note: This box must be checked for this report to be accepted.