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.

February - 2013	Hours Worked/Week	# MMAP Scheduled Appts/Week	# MMAP Completed Appts/Week	Total # Patients/Week
02/01/2013 - 02/02/2013				
02/03/2013 - 02/09/2013				
02/10/2013 - 02/16/2013				
02/17/2013 - 02/23/2013				
02/24/2013 - 02/28/2013				
	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.