



Rancho Los Amigos National Rehabilitation Center

DEPARTMENT OF DENTISTRY POLICY AND PROCEDURE

Management Policy and Procedure Review Form

I have reviewed and updated this Policy and Procedure Manual and it complies with the standards for this department.

Department: Dentistry
Name: Terrie K. DeBord, DDS
Title: Chairman, Department of Dentistry
Signature: _____
Date: _____

The policies and procedures in this manual have been reviewed and approved by:

Karen Wunch, RN
Chief Nursing Officer

Date

Mindy Aisen, MD
Chief Medical Officer

Date

Jorge Orozco
Chief Executive Officer

Date

Robert Splawn, MD
DHS, Chief Medical Officer

Date