Health PEI COMFORT CARD

C	MFO	R.A.		
	1/2			
OMMITMEN				

Date:	

Child's name

DPC-2573

If available/applicable for your procedure would you like to use:					
\square cold pack	\square numbing cream	\square other			
Any other information you would like to share with us about your child that may be helpful:					
Printed na	me of person filling out this form R	Relationship to child			