

 **UCSD Pre-Dental Society** **Treatment Summary**
student-run free dental clinics

Patient's Name: _____ Date: _____

Today, we provided you with the following treatment:

Tooth #	Procedure	Cost	You Pay

Next Appointment Date: Monday, ___ / ___ / ___
 Time: _____

Please allow 24 hours notice for cancellations. If you have a history of two or more no-shows, we have the right to dismiss you.

Downtown Clinic | First Lutheran Church
 1420 Third Avenue, San Diego, CA 92101
 downtownclinic@ucsdps.org | 619-786-0601

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