

 **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: ____ / ____ / ____
 Time: _____ Tuesday / Thursday

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.

Lemon Grove Clinic | Lemon Grove Middle School, Room 7
 7866 Lincoln Street, Lemon Grove, CA 91945
 lemongroveclinic@ucsdps.org | 619-839-9648

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