

 **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 / Wednesday

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.

Pacific Beach Clinic | Pacific Beach United Methodist Church
 1561 Thomas Avenue, San Diego, CA 92109
 pacificbeachclinic@ucsdps.org | 858-380-5566

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