

REMINDER

Your Child Has a Dental Visit Coming Up!

(Child's Name) _____

HAS A DENTAL APPOINTMENT

On (date) _____ at (time) _____

With Dr. _____

(Address) _____

(Phone) _____

Remember to bring: *(Circle applicable items)*

- Insurance card
- photo ID
- money for co-payment
- other: _____

Reminders:

- Arrive 15 minutes early to complete paperwork.
- Bring some small toys or a book for your child to play with during the waiting time.

