

DENTAL APPOINTMENT REMINDER NOTICE

To the Parents of: _____

Your child has an appointment at the Assistance League of Pomona Valley Dental Center. The scheduled appointment is on:

Day: _____

Date: _____

Time: _____

The fee for care is \$10.00 per visit.

For your convenience, we have provided a map on the reverse side of this form. Please call the school nurse at 397-_____ if you are unable to keep this appointment.

RECORDATORIO DE CITA DENTAL

Para los Padres de: _____

Su niño(a) tiene una cita con el dentista de Assistance League of Pomona Valley Center. La cita es para el:

Día: _____

Fecha: _____

Hora: _____

Será \$10.00 por consulta.

Para su comodidad, hemos proporcionado un mapa en el reverso de este formulario. Favor de llamar a la enfermera escolar al 397-_____ si no puede asistir a la cita.