



KANIKSU
COMMUNITY HEALTH

Sandpoint Clinic
208.265.1415
kchnorthidaho.org

Your Dental Care Team: _____

Patient Name: _____ Date: _____

Additional Notes: _____

Your next scheduled dental appointment will be a :

- Exam
- Cleaning
- Happy Visit
- Other _____

Your next dental appointment is scheduled on: _____ at _____ am / pm



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