

## WHAT TO BRING TO YOUR FIRST VISIT

- ☐ COMPLETED FRONT PAGE
- ☐ A COMPLETE LIST OF CURRENT MEDICATIONS
- ☐ INSURANCE CARD IF APPLICABLE
- ☐ COPY OF PATIENT MEDICAL AND DENTAL INFORMATION, IF APPLICABLE
- □ COPY OF CURRENT X-RAYS □ PANO □ PERIAPICAL □ BITE WING □ CURRENT X-RAYS NOT AVAILABLE
- □ PHOTO ID

W. 5TH ST.

## HOURS

## BY APPOINTMENT ONLY

FOR FASTER SERVICE,
REGISTER ONLINE AT
WWW.OXNARDDENTISTS.COM

OXNARD DENTAL REFERRAL GROUP 967 W. 7TH ST., OXNARD CA 93030



**HOBSON WAY** 

W. 7TH STREET

(805) 834-1066
OXNARDDENTALREFERRALS@GMAIL.COM
WWW.OXNARDDENTISTS.COM