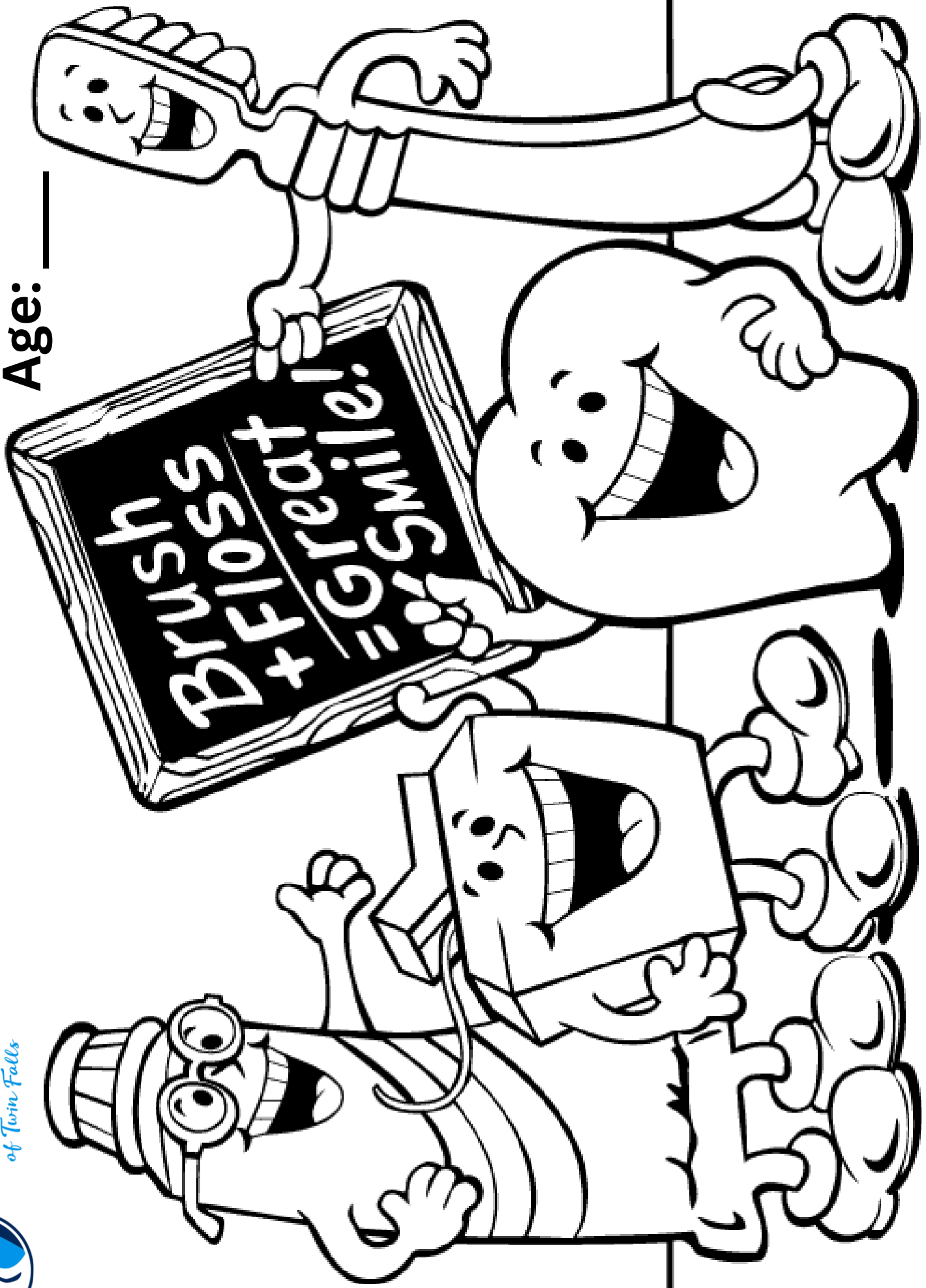


Name: _____

Age: _____



ADVANCED
DENTAL CARE
of Twin Falls



Parent name: _____

Contact #: _____

How do you prefer for us to contact you? Please circle:

Text or Call