

Appointments

Date: _____

Patient name: _____

Dentist's name: _____

Address: _____

Phone: _____

Covered ABCD Program benefits:

- 1 comprehensive initial exam
- 2 periodic exams
- 3 fluoride varnish applications per year
- Restorations as needed

See the dentist:

- With the first teeth – by age 1
- Give 24-hour notice to cancel appointments
- Bring ProviderOne card & this ABCD Appointments sheet to EVERY appointment

Appointment Date	Service	Next Appointment
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
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