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Dr. Bonnie Yang, DMD

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|--|-------|---|--|--|---|------------------------|-------------------------------------|----------------------------------|---|--|--------------------------------------|---------------------------------------|----------------------|----|----|----------|-----|--|
| Patient Name | | | | | | | | | | | Date | | | | | | | |
| Refe | errec | l by [| Or | | | | | | | | | | | | | | | |
| Tea | m M | embe | er's l | Name | e (Wh | o R | eferr | ed) _ | | | | | | | | | | |
| Appointment Date | | | | | | | | | | Time | | | | | | (AM/P | PM) | |
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| | 32 | 31 | 30 | 29 | 28 | 27 | 26 | 25 | 24 | 23 | 22 | 21 | 20 | 19 | 18 | 17 | | |
| Please Provide: Consultation & Diagnosis Root Canal Treatment Retreatment of Previous Root Canal Intentional Root Canal Treatment Apicoectomy Special Instructions: Leave Post Space Remove Post Comment | | | | | | | | | | Future Restorations: Fillings New Crown Other | | | | | | | | |
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INSURANCE & FEES

- We accept most insurance carriers. Please contact our office at (352) 404-5550, option 1 to verify your insurance benefits.
- We file for out-of-network benefits with ALL insurance companies.
- We participate with CareCredit. If you need financial assistance, please apply online at www.carecredit.com prior to your appointment.
- We do not accept personal checks at this time.

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CHANGING THE FACE OF ROOT CANALS ONE PATIENT AT A TIME





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