


Dr. Charles
 4236 Van Ness
 San Francisco, CA 94109

Make Appointment

Name: _____
 Address: _____
 Phone: _____




APPOINTMENT CARD


Patient Name: _____
 Address: _____
 Phone: _____

Dr. Charles W. Jones, D.D.S., M.D., F.R.C.P.

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 4236 Van Ness, San Francisco, CA 94109

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Name: _____
 Address: _____
 Phone: _____



Appointments

To see _____
 date _____ time _____

Please notify us in good time if you are unable to keep your appointment.
 Please notify the clinic with you cannot attend because
 of an emergency or illness.

Your Appointment

With: _____
 For: _____
 Date: _____ Time: _____

Please bring with you:
 1. A valid photo ID
 2. A recent X-ray
 3. The X-ray film