PRECISION
DENTAL CENTER
JOHN BALON DDS

1140 S. Calumet Road, Suite 1
Chesterton, IN 46304

Introducing: _____

Referred by Dr. _____

Date: _____

Reason for Referral:

_____

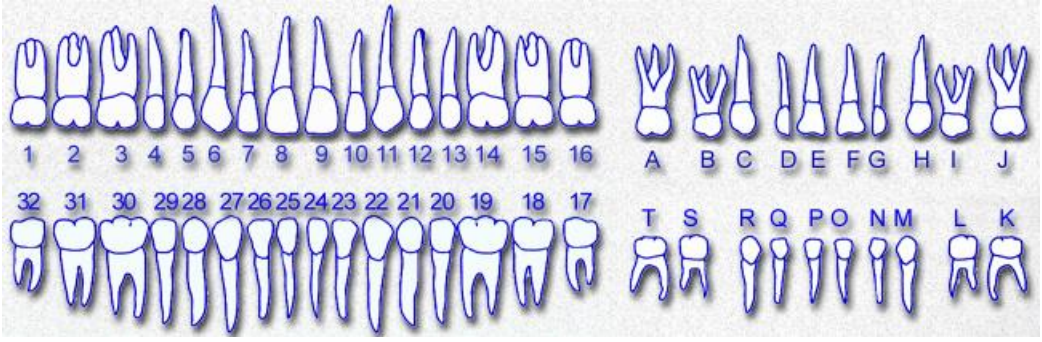
_____

Services Requested:

_____

_____

Circle tooth to be treated:



Please call our office so that we may make an appointment for you. To better serve you, please inform our patient coordinator if you have any of the following conditions: Mitral Valve Prolapse, Heart Murmur, Joint Replacements, Pregnancy, or taking a blood thinner. Patients requiring oral sedation must have a driver present.

Please contact us at

E-mail: contactus@dentistchesterton.com | Phone: (219)-728-1484 | Fax: (219)-728-6491