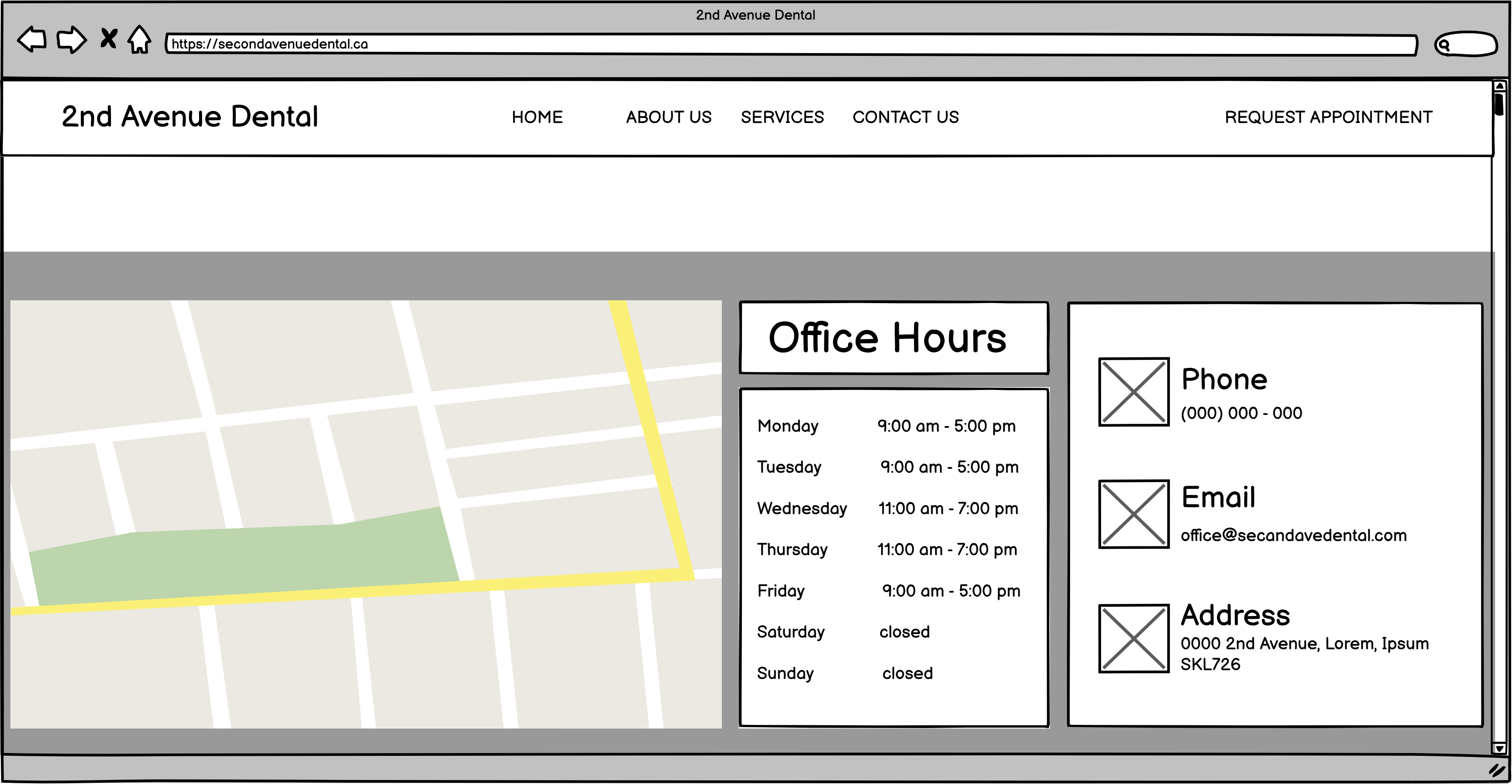


Dental Clinic

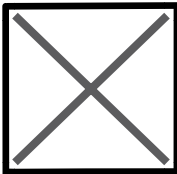
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Request Appointment



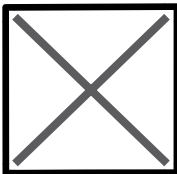
Office Hours

Monday	9:00 am - 5:00 pm
Tuesday	9:00 am - 5:00 pm
Wednesday	11:00 am - 7:00 pm
Thursday	11:00 am - 7:00 pm
Friday	9:00 am - 5:00 pm
Saturday	closed
Sunday	closed



Phone

(000) 000 - 000



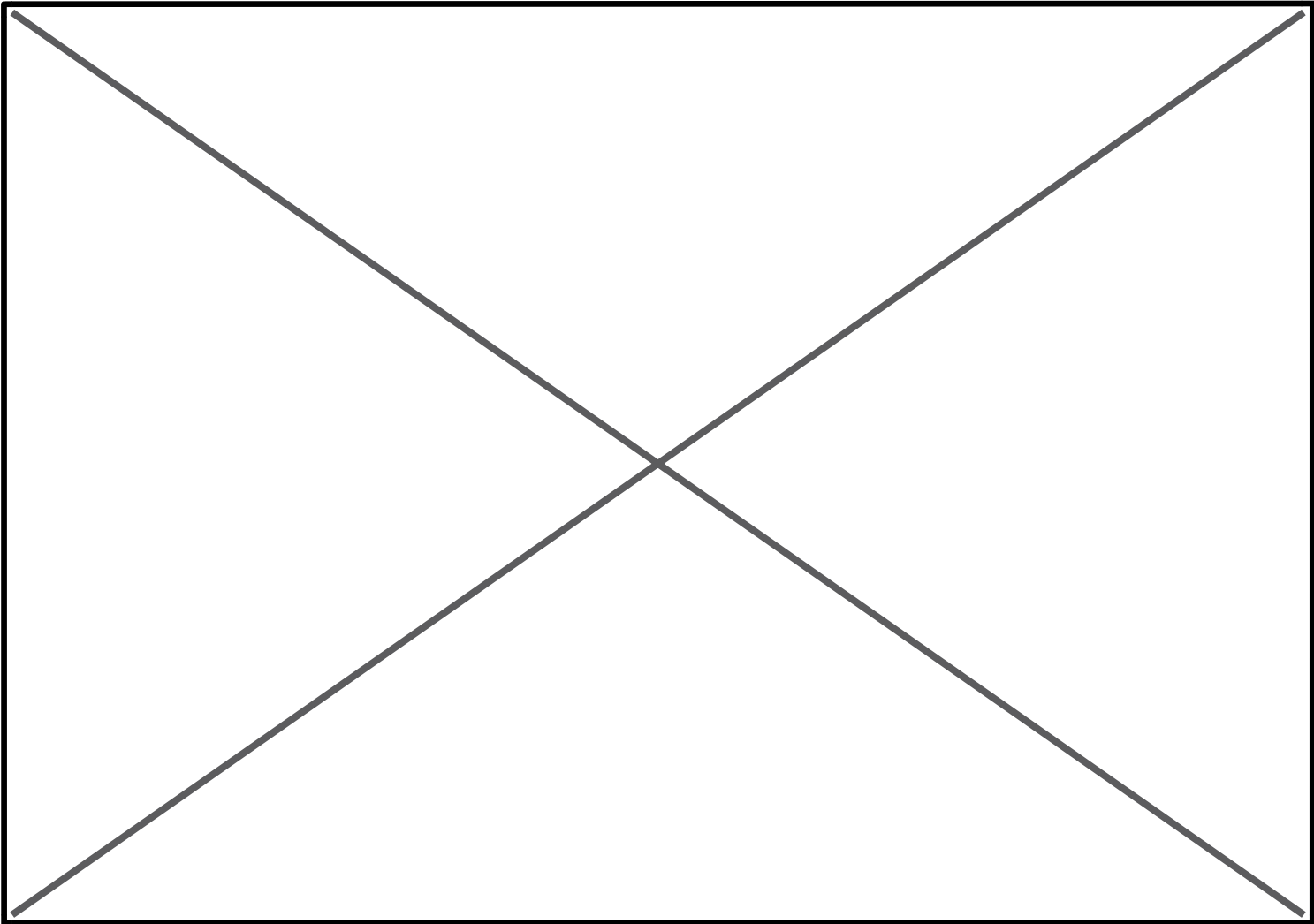
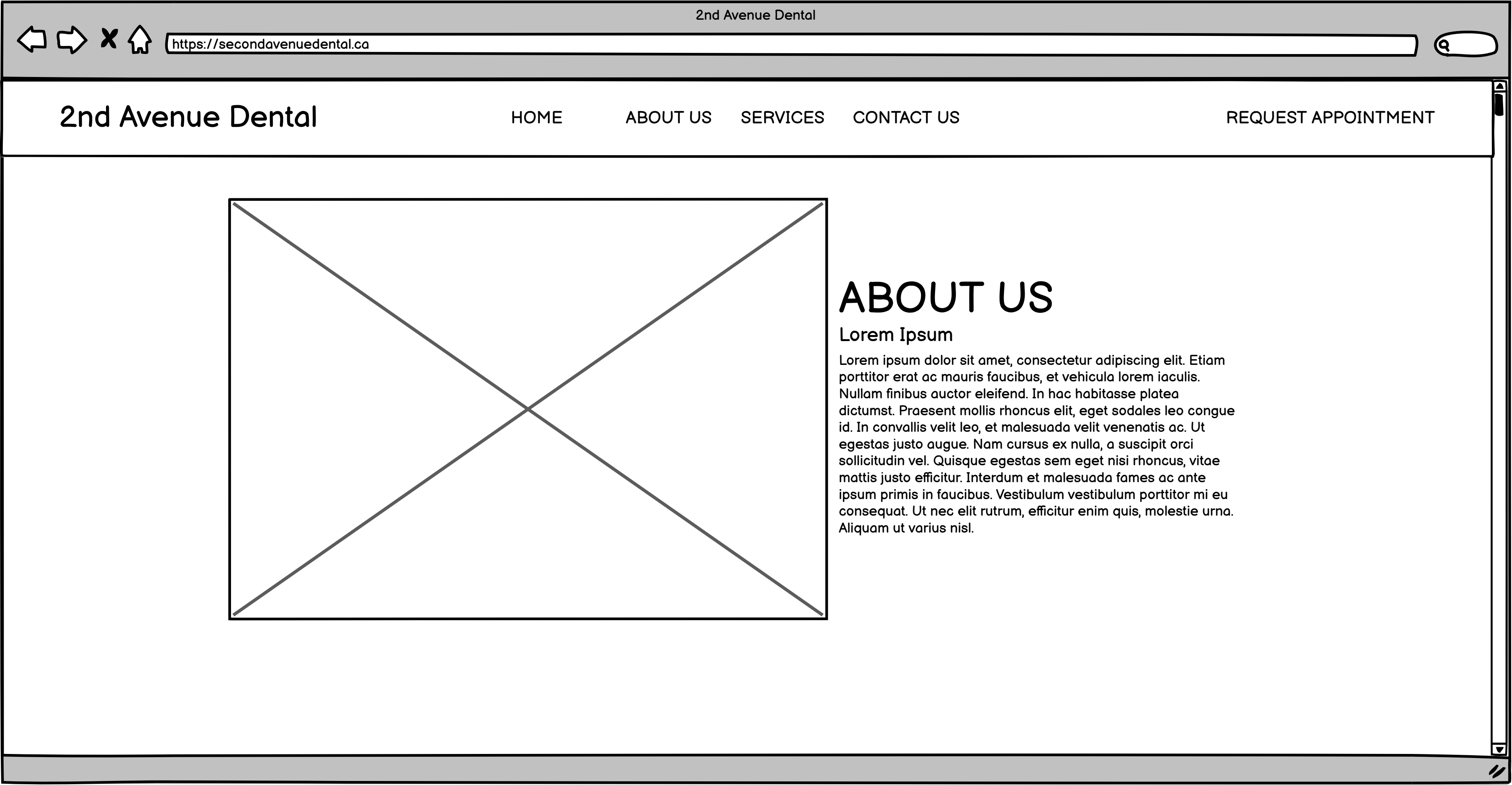
Email

office@secandavedental.com



Address

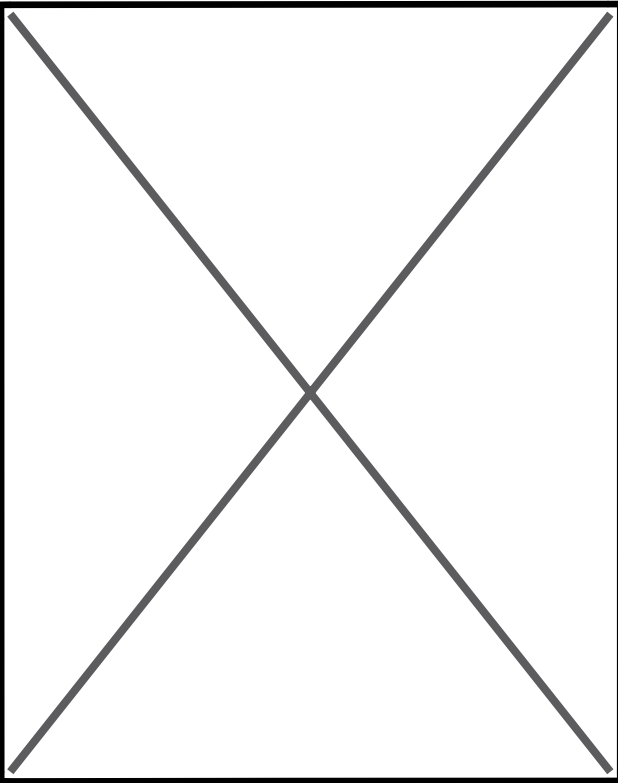
0000 2nd Avenue, Lorem, Ipsum
SKL726



ABOUT US

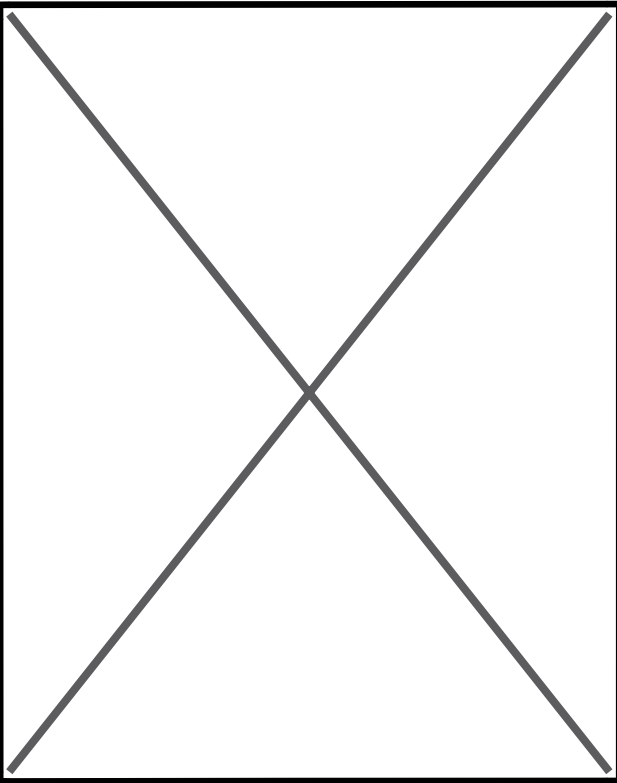
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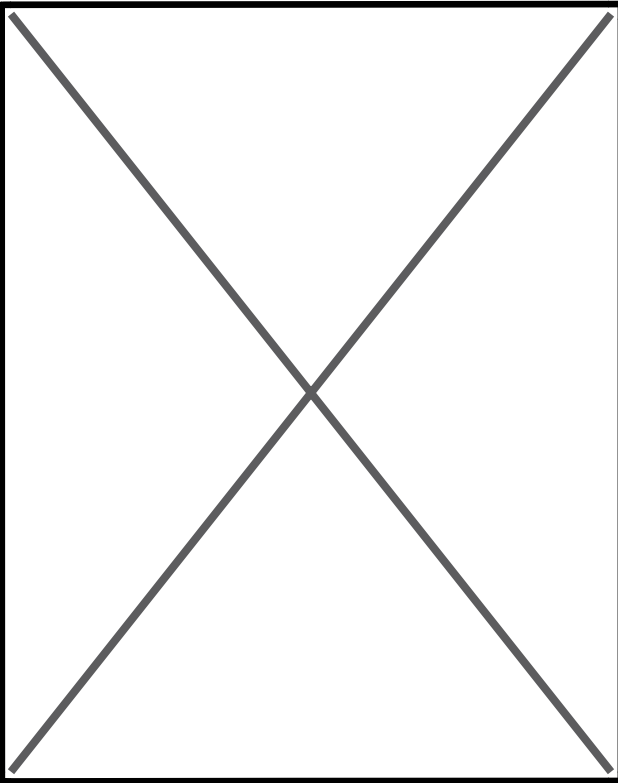
Dr. Lorem Ipsum

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Dr. Lorem Ipsum

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Dr. Lorem Ipsum

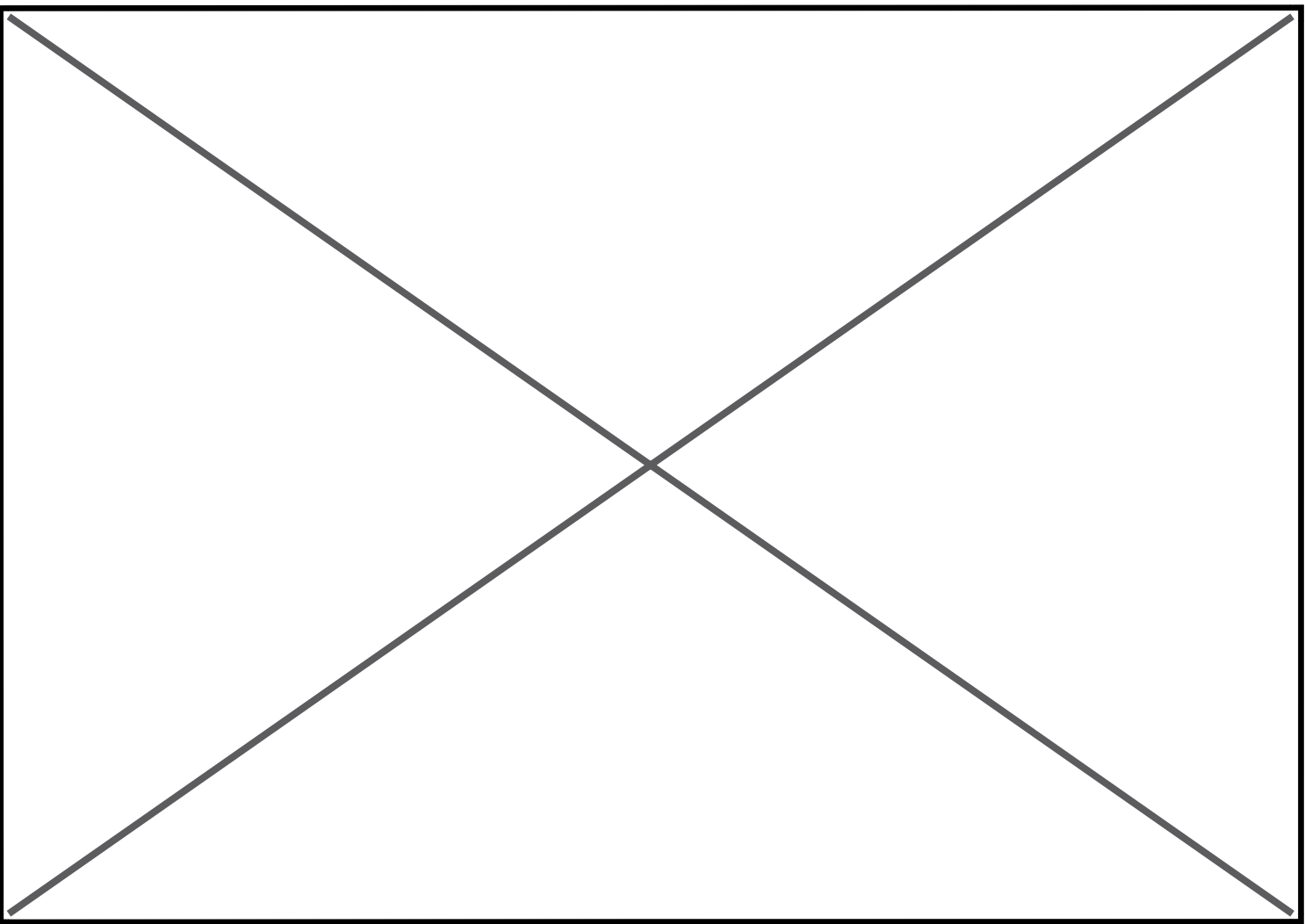
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DENTAL SERVICES

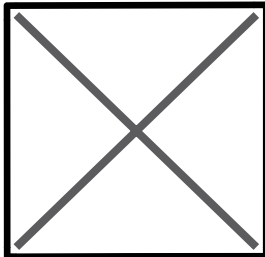
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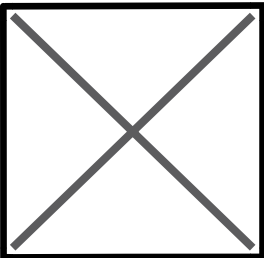


OUR SERVICES



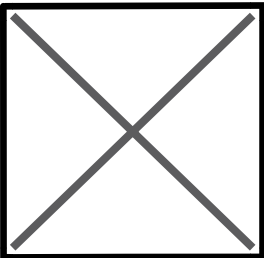
Dental Cleaning

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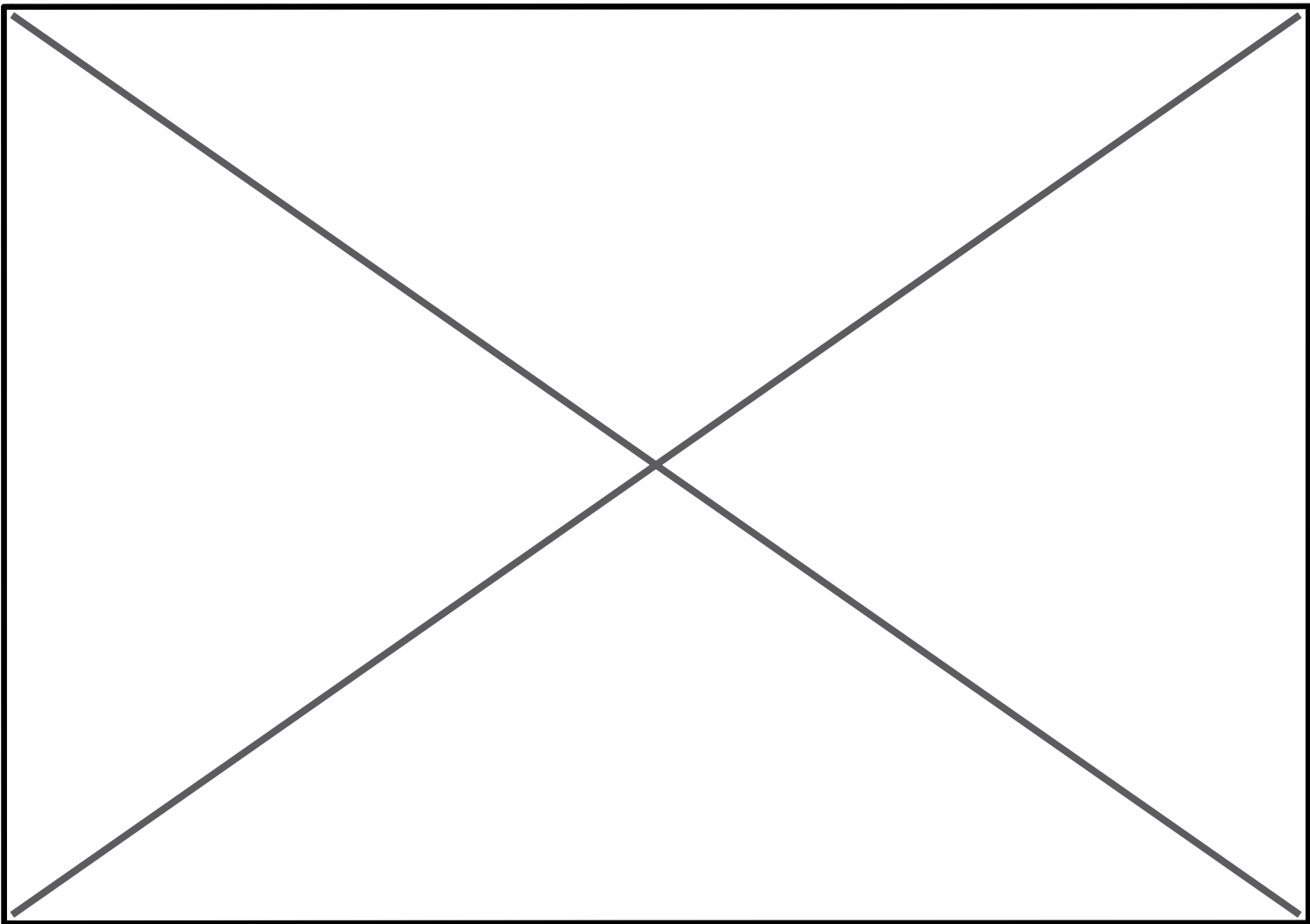
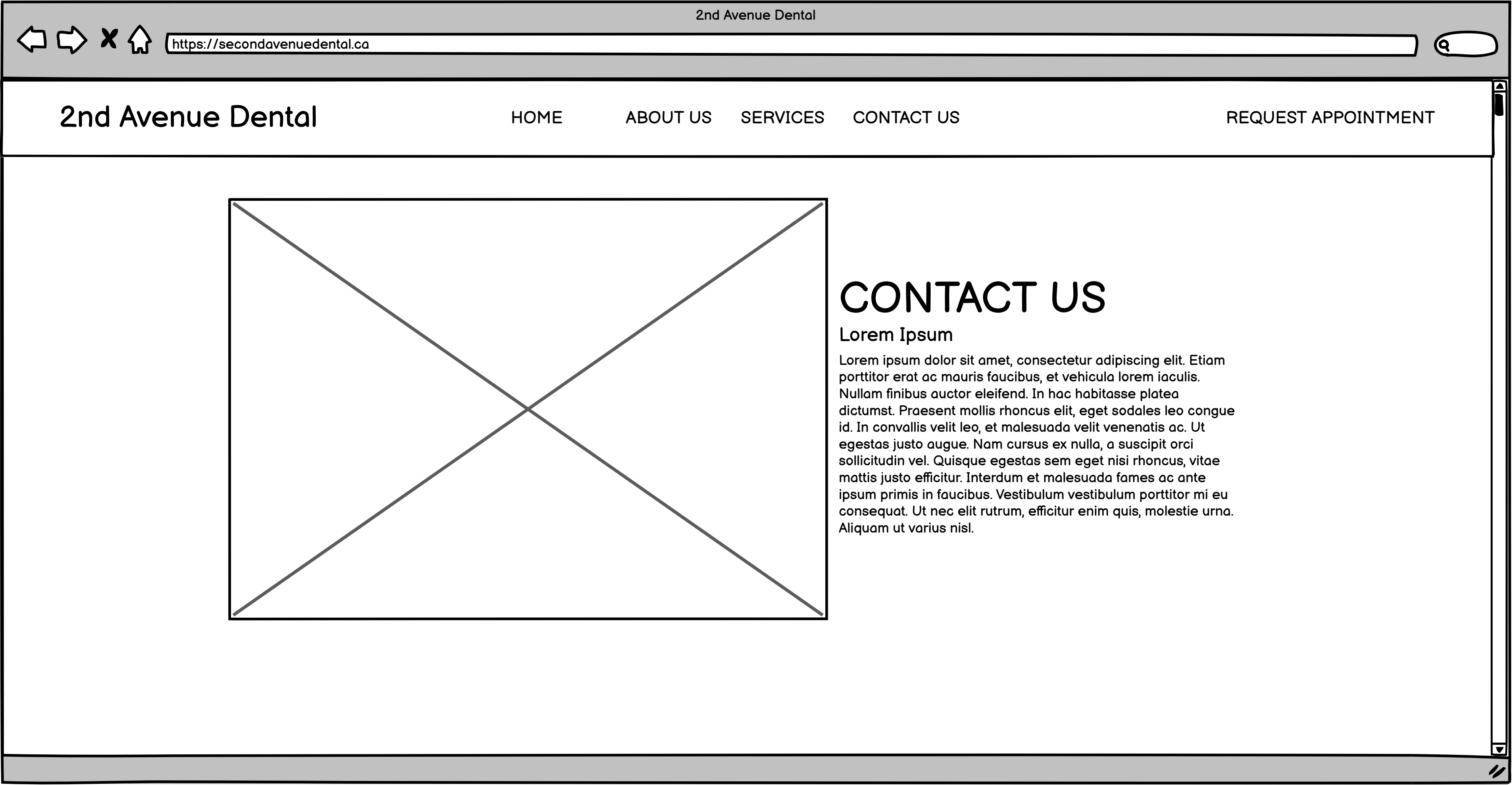
Teeth Whitening

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Dental Filing

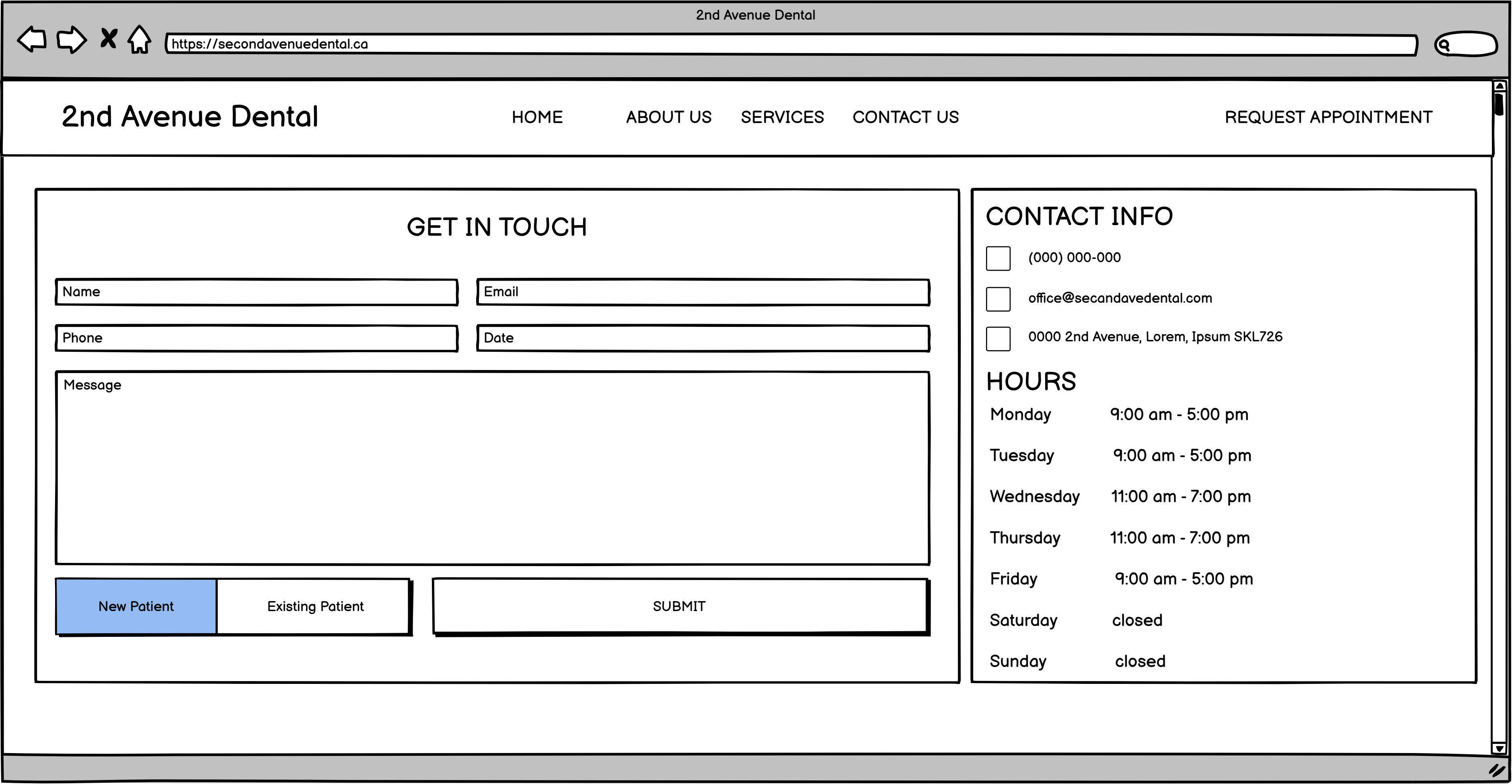
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CONTACT US

Lorem Ipsum

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GET IN TOUCH

Name

Email

Phone

Date

Message

New Patient

Existing Patient

SUBMIT

CONTACT INFO

- (000) 000-000
- office@secandavedental.com
- 0000 2nd Avenue, Lorem, Ipsum SKL726

HOURS

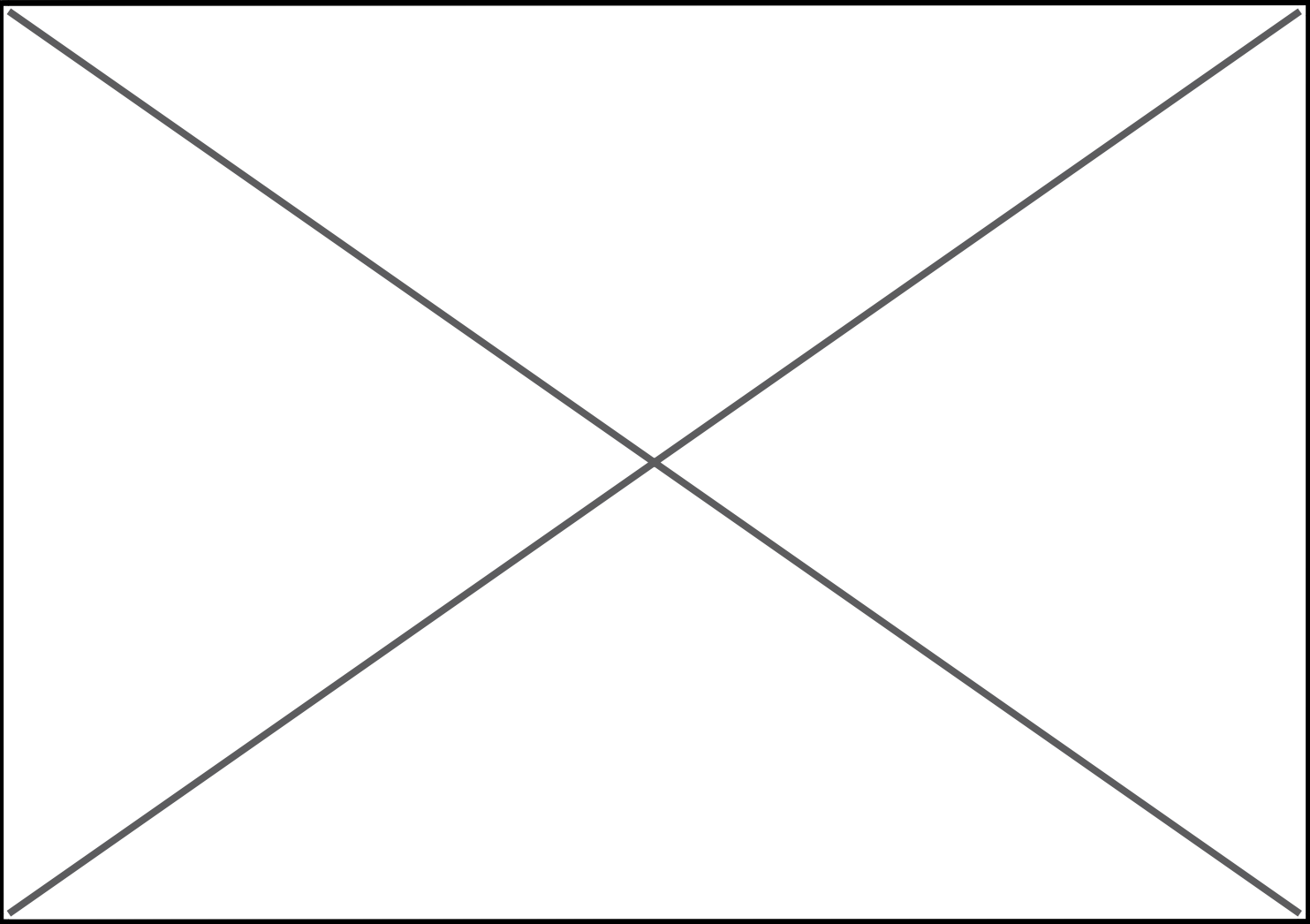
Monday	9:00 am - 5:00 pm
Tuesday	9:00 am - 5:00 pm
Wednesday	11:00 am - 7:00 pm
Thursday	11:00 am - 7:00 pm
Friday	9:00 am - 5:00 pm
Saturday	closed
Sunday	closed



REQUEST APPOINTMENT

Lorem Ipsum

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REQUEST AN APPOINTMENT OR PROCEDURE

Appointment type *

Select reason for visit

First Name

Last Name

Email

Phone

Are you a current patient of the office? *

☐ Yes

☐ No

How old are you? *

☐ Under 18

☐ 18 or older

REQUEST APPOINTMENT

First Name

Last Name

Email

Phone

Are you a current patient of the office? *

☐ Yes

☐ No

Type of service *

Select service

Comments and/or questions

REQUEST PROCEDURE