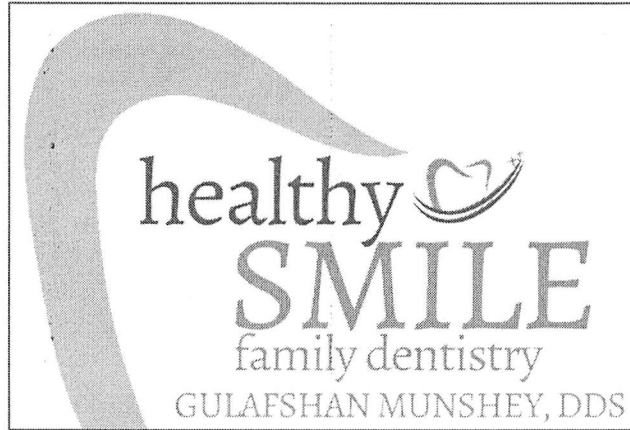


Ypsilanti:
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Phone: (734) 528-9132
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Phone: (734) 451-5502
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greatsmiledentist@gmail.com | healthysmiledentist@gmail.com

Dear Patient:

Thank you for choosing our practice for your dental care. We are committed to service and your dental needs.

Please understand that your scheduled appointment time is reserved especially for you. If you need to miss an appointment, we require at least 48 hour notice. This is necessary to allow sufficient time for another patient to schedule an appointment.

In the event of a late notice, there will be a \$25 charge billed to you. To avoid this charge, kindly give us at least 48 hour notice. Thank you for cooperating with us.

Print Patient Name

Date of Birth

Patient Signature

Date