

Dear Orchid Dental Group patient,

Welcome to our office! I want to personally thank you for allowing me the privilege of taking care of you. In order to provide the best dental care attainable I will commit to schedule your appointments in a manner that allows me to provide you with my undivided attention. In return, I ask the same commitment from you. In the event that you cannot make your scheduled appointment, I ask you give our office at least 48 hours of notice in order to allow us to the opportunity to provide the same level of care to another patient. If we have to reschedule your appointment less than 48 in advance you will be billed a \$75.00 cancellation fee. I appreciate your understanding and look forward to our new partnership.

Sincerely,

Yen N. Lieu, D.M.D

**By signing below I understand and agree to Orchid Dental Group's
Cancellation Policy**

Signature: _____ Date _____