



Open Smile Dental

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Welcome

Open Smile Dental and the entire staff would like to take this opportunity to welcome you to our office. We are delighted that you have chosen us to care for your dental needs. We will all do our utmost to make you comfortable and to maintain an environment of trust and professionalism where you feel at home and well informed.

Cancellation Policy:

When we make your appointment, we are reserving the doctor's time for your particular needs. We ask that if you must change an appointment, please give us at least 24 hours notice. This courtesy makes it possible to give your reserved time to another patient who would like it.

We feel that our patient's time is valuable. When your appointment is made, we reserve the doctor's time, your records are prepared, and special instruments are readied for your visit. (Except for emergency treatment for another patient, you can expect us to be prompt.) We, of course, would appreciate the same courtesy from you.

I have read and understand the above policy:

Patient Signature _____ Date _____