Miller and Associates
FAMILY DENTISTRY

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Patient Notice

Welcome to Miller and Associates.
We are delighted to have this opportunity to provide effective and efficient dental treatment to the members of our community in a compassionate and professional manner. We hope you will feel comfortable and confident in returning for service and continue to refer others to our practice for our unprecedented treatment. We look forward to helping you and your family.
May it be a wonderful experience.
We look forward to working with you.

Please be aware of the following:
Because of the limited number of appointments available we ask that you come to your appointments on time. If you should need to cancel an appointment, we ask that you give us 24HRS notice. Any notice less than 24HRS is considered a broken appointment. After three missed or broken appointments you will be dismissed from the practice.
A $30.00 fee per broken appointment may be charged.
Thank you for your attention to this matter.

Patient signature: _____