



**SMILE INNOVATIONS**  
DENTISTRY

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## **Late Policy:**

Please note that we value your time in our office and strive our best to seat you directly at your appointment time. Please value our time as well and arrive for your appointment 10 minutes in advance to allow for any necessary paperwork.

If you arrive to your appointment **15 or more minutes late**, you will be kindly asked to reschedule.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_