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# Welcome to Our Office

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Welcome to Newtown Dental Arts. Thank you for trusting our office to care for your oral health needs. We look forward to providing you with high quality dental care in a relaxed environment for many years to come.

Because we are uncompromising in our standards, not only related to dentistry -- but also in patient relationships, **we will reserve an appointment just for you**, to ensure you receive the utmost quality in care. To this end, we request your cooperation in keeping scheduled appointments and on arriving on time. **We require two (2) business days advance notice if you are unable to keep an appointment. Cancellations without this notice will result in a \$75.00 broken appointment fee.**

Once again, thank you for trusting our team with your dental care and welcome to Newtown Dental Arts.

I \_\_\_\_\_, have had full opportunity to read the cancellation policy and agree to the terms stated above.

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