

KALEA SMILE SPA PTE LTD
Orthodontic Appointments

Name of Patient: _____

Thank you for choosing us to be your personal orthodontist.

In order to have your treatment progress smoothly, we would like you to take note of the following points:

1. The appointment scheduled is specially reserved for you. We will strive hard to ensure that you be seen on time.
2. We appreciate your punctuality so that we can complete what we have planned for you on that day. Please note that patient who comes on time will have the priority to be seen first.
3. Please keep to your appointment date because it will be difficult for us to accommodate your choice of date should you fail or decide to change your appointment. Under such circumstances, do expect that your appointment will be at least several weeks later than your appointment.
4. Your treatment requires a certain number of adjustments. Failing and missing your appointment will delay the finishing of your treatment.

Thank you for your understanding and we look forward to serve our patient in a timely fashion as explained by _____.

Name & Signature of *Patient/Parent/Guardian

** Patient must be aged 18 years & above*