



Dr. Kyu J. Lee, DMD, PC
Dr. Chitti Mengji, DDS
Dr. Shilpi Gupta DDS

Dismissal Notice

We understand that unplanned issues may come up and that you may need to cancel or reschedule an appointment. If that happens, we ask that you give us 24hrs notice. If notice is not given and you do not show up or call to reschedule your appointment within the 24hrs, **we reserve the right to dismiss you as a patient of record after the 2nd offense.** We ask for your understanding of this decision as our providers time is limited for each patient.

By signing you acknowledge and understand the information herein this form.

We thank you for your cooperation.

PATIENT NAME: _____

PATIENT/GUARDIAN SIGNATURE: _____

DATE: _____