



Dr. H.J. Michael Choi, DMD
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Appointment Consent

Our office prides itself in seeing patients according to their scheduled appointment time. We have reserved a specific time slot for you and are 100% committed to making sure you are well cared for during your visit with us.

As a courtesy to you, we will send you an e-mail and/or text 2 weeks in advance to remind you of your confirmed dental appointment. If you are unable to commit to your appointment, we ask that you please show us the same courtesy.

We require all rescheduling or cancellations to be done 48 business hours prior to your appointment to avoid a cancellation fee of \$50.00. Please note our office does not accept cancellations via email or text message. If you have a concern in regards to you appointment, we can be reached by phone during business hours at (949)786.2820.

Signature: _____

Responsible party of: _____

Printed Name: _____ date: ____/____/____