

Deband Contract

Smile happily ever after!! 😊

Please read the following information carefully:

- ✓ I have read and understood the content detailed in the 'Deband Information' document.
- ✓ I understand that I need to follow the instructions from the 'Deband Information' document.
- ✓ I will turn up to Retention Check appointments during the next 12-24 months. The clinic policy and appointment policy still apply to these appointments. I will contact the clinic as soon as possible to reschedule if I cannot make it.
- ✓ I understand that Dr. Ho's staff will attempt to contact me if I fail to attend the appointment(s). However, it is my responsibility to reschedule any missed appointment(s).
- ✓ I understand that these regular Retention Check appointments within the next 12-24 months are complimentary. Any check-up appointments after this complimentary period may incur an examination fee.
- ✓ Any breakages beyond repair will incur charges, in all circumstances.

I, _____, **understand and agree to comply with the 'Deband Contract':**

Signed: _____

Date: ____/____/____

Staff: _____