

Sheila M. Dashkow, D.D.S., F.A.G.D.
7675 Maple Avenue
Pennsauken, N.J. 08109
856-665-1184

Date _____

Dear _____,

We are delighted to welcome you and your family to our practice and are pleased that you chose us to serve your dental needs. We are very committed about providing superior dental care at reasonable prices and proud of our dedication to our patients. Our goal is for you to look and feel your best through excellent dental care.

Enclosed is a [health history form](#) to be completed and brought with you on your first visit. During your first dental visit, we will ask for a thorough medical history. This, combined with the results of your initial clinical exam and current x-rays, will help to assess your immediate dental care needs and recommend the best treatment approach. If you have had x-rays taken recently, you should be able to obtain copies from your former dentist. If none are available, our office will take them. We look forward to seeing you on _____ (feel free to enter appt time)

We ask for payment at the time of your visit. Should you have dental insurance, we will gladly complete your insurance claims for you. We accept all forms of payment including Visa and Mastercard. Our office hours are Monday, Tuesday, Thursday, and Friday from 8:30 A.M. to 4:30 P.M. We provide some Saturday mornings as a service to our patients with the exception of July and August. The office is closed on Wednesday.

If you cannot keep the appointment you have scheduled, please notify us at least 24 hours in advance. We would be happy to schedule you to a more convenient time. In the meantime, we look forward to seeing you and serving your dental needs.

Sincerely,

Sheila M. Dashkow, D.D.S., F.A.G.D.