

Georgetown Smile
Dr. A.J. Peretz
General & Cosmetic Dentistry

SIGNATURE PAGE

My initials indicate that I understand the following policies at Georgetown Smile.

_____ Payment is due at the time of service

_____ Broken Appointment

_____ Office Policy

_____ Financial Policy

_____ HIPPA

Please print your name _____

Please sign your name _____ Date _____

4400 MacArthur Blvd. NW, Suite 200 Washington, DC 20007

Phone (202)-333-0003

Fax (202)-333-0998

URL www.georgetownsmile.com