

Booking Confirmation

Reference: 4BA887D6

Issued: 11/11/2025

Patient

Name	Jack Doe
Email	Jack@gmail.com
User ID	68b064e7806bb66706e1e853

Dentist / Clinic

Dentist	Mr. Helen Kris
Specialty	Prosthodontics
Experience	2 years
Contact	-

Appointment

Reference	4BA887D6
Date & Time (TH)	Sun, 03 October 2021 at 00:00
Status	Booked
Notes	-

Important Notes

- Please arrive at least 10 minutes before your appointment and present your booking reference.
- To reschedule or cancel, please notify at least 24 hours in advance.
- For directions, parking, or any additional requirements, please contact the clinic directly.