

Booking Confirmation

Reference: ACC5DFD9

Issued: 23/10/2025

Patient

| | |
|---------|--------------------------|
| Name | AJ |
| Email | 123@gmail.com |
| User ID | 68f7c136dc866abf66f40196 |

Dentist / Clinic

| | |
|------------|-------------------|
| Dentist | dentistA |
| Specialty | General Dentistry |
| Experience | 2 years |
| Contact | - |

Appointment

| | |
|------------------|-------------------------------|
| Reference | ACC5DFD9 |
| 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.