

Booking Confirmation

Reference: C44E4DFE

Issued: 09/11/2025

Patient

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

Dentist / Clinic

Dentist **dentistE**
Specialty **Prosthodontics**
Experience **2 years**
Contact **-**

Appointment

Reference **C44E4DFE**
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.

This is a booking confirmation. No payment is collected via this document.

Support: support@example.com | Tel: 02-xxx-xxxx