

Booking Confirmation

Reference: A04EC79D

Issued: 06/11/2025

Patient

Name	Ann Doe
Email	ann@gmail.com
User ID	68ab4efd6a0b6b44a88994f6

Dentist / Clinic

Dentist	dentistE
Specialty	Prosthodontics
Experience	2 years
Contact	-

Appointment

Reference	A04EC79D
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