



**Our Mission:**

*Welcome to our office! Whatever your dental needs, our team is here to provide outstanding care in a friendly, relaxed and professional environment. Our patients are our #1 priority and we are happy you found us! Everything we do has a singular purpose and this is to serve our patients well.  
We realize a visit to the dentist can be stressful, so we do everything we can to make your visit comfortable and worry free.*

**Should an emergency occur when we are away from the office,  
please contact us at (206) 992-3309.**

Initials

**Financial Policy:** I understand that payments are required at time of service. I understand that methods of payment include: all major credit and debit cards, cash, check and long-term payment plans through CareCredit.

Initials

**Cancellation Policy:** I understand that if I need to make changes to my scheduled appointments, 48-hour notice is required. I understand that I may receive courtesy reminders for my appointment but if I do not receive them, I am still ultimately responsible for making it to my appointments.

Initials

**Photo Release:** I hereby give permission to Dr. Young Lee to use my photographs, related to My care, for education purposes and/or the marketing of his dental practice.

Patient Name: \_\_\_\_\_

Date: \_\_\_\_\_