



## **Rapha Dental LLC**

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### **Office Policy regarding Appointment Change or Cancellation Notice Requirements**

Please understand that at Rapha Dental, your dental appointment reserves valuable professional time, not only our doctor but with our entire staff. Your appointment time is reserved exclusively for you so that we can provide you with our undivided attention.

We respect the value of your time and kindly request that you respect and value our time as well. Because of the individual nature of each appointment, a 48 hour notice is required for any cancellation or changes that may be required to your appointed time.

My signature below indicates that I understand the value of this appointment and I am willing to accept these requirements. I also understand that I will be responsible for \$89 charge if such notice is not given.

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Signature

Date

Thank you for your anticipated cooperation.

Dr. Mock In Huh  
Rapha Dental LLC