



# SOMEWHERE

DENTAL CLINIC

28 . 01 . 2016

Dear

**Patient's Name**

On behalf of all my staff we would like to welcome you to our practice.

We are an Independent Dental practice meaning we can offer you freedom of choice in all matters affecting your oral health as well as providing you with our high quality care and service.

My team and I take a personal interest in the care of all our patients so please feel free to ask any questions you may have and to tell us your personal preferences so we can tailor our services to your needs.

We give you our assurance that you will be offered all treatment options without any acceptance pressure and that we pride ourselves on our integrity and full disclosure in all dealings – we are driven by care – not by profit.

We have a range of services and payment options available to you so please talk with our staff to select the options that best suit you.

As an Independent Dentist Network member we are committed to assisting you to achieve the best oral health possible and our focus is on preventative care to protect you from illnesses that arise from oral infections.

We look forward to getting to know you better and to enjoying your company.

Yours sincerely,

**Doctor's Name**

560 Wellington St  
Northbridge, WA, 6000  
PO BOX 540  
Cloisters Square, Perth, 6850

**P** 08 9336 9999  
**F** 08 9336 9994  
**E** [info@somewheredental.com.au](mailto:info@somewheredental.com.au)  
**W** [somewheredental.com.au](http://somewheredental.com.au)



**Independent  
Dentist Network  
Member**