

*Robert A. Love, D.D.S.*

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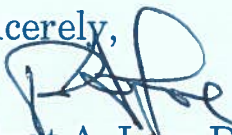
Dear Patient,

We want to thank you for choosing us to provide your dental care. Our practice is committed to providing the best treatment for our patients. We appreciate your trust in us.

Please find enclosed the financial agreement, registration, medical and dental forms. All patients, or the responsible parties for them, must complete the forms and return them in the postage-paid envelope provided for you. All forms must be completed and returned to us before your visit here. If you have any questions please feel free to call our office.

Once again, on behalf of myself and my staff, we look forward to becoming your dental care providers.

Sincerely,

A handwritten signature in dark ink, appearing to read 'R. A. Love', written over a horizontal line.

Robert A. Love D.D.S.