

CANCELLATION POLICY

We strive to render excellent dental care to you and the rest of our patients. In an attempt to be consistent with this, we have an **Appointment Cancellation Policy** that allows us to schedule appointments for all patients. When an appointment is scheduled, that time has been set aside for you and when it is missed, that time cannot be used to treat another patient.

Our policy is as follows:

We require that you give our office **48 hours notice** in the event that you need to reschedule your appointment. This allows for other patients to be scheduled into that appointment. If you miss an appointment without contacting our office within the required time, this is considered a missed appointment. **Failure to give our office proper notice may result in pre-payment of services prior to scheduling, or dismissal from our practice.**

Additionally, if a patient is more than 10 minutes late, we reserve the right to reschedule the appointment. This allows us to see all of our patients in a timely matter.

APPOINTMENT CONFIRMATION

At the time appointments are made, they are to be a confirmed appointment. We make reminder calls as a courtesy only. In an effort to better reach our patients, we will be implementing reminders via Email and Text.* Please provide this information below in order for us to better serve you.

EMAIL ADDRESS: _____

CELL PHONE FOR TEXT: _____

*We will not disclose your email or cell phone to any third party.

I have read and understand the Appointment Cancellation Policy of the practice and I agree to be bound by its terms. I also understand and agree that such terms may be amended from time-to-time by the practice.

Signature of Patient

Date