

CANCELLATION AND NO SHOW POLICY:

Our dental office is committed to offering you the best possible individualized treatment and care. In order to do this we go to great lengths to ensure adequate time in our schedule to care for you during your visit and try to accommodate your schedule as well as our other patients.

When you are late, do not show up or do not give us adequate notice (at least 24 hours) of cancellation, this makes it difficult to accommodate our other patients either by making us run late or keeping your reserved scheduled time unavailable for another patient who would appreciate having that appointment time.

Therefore, cancellations and no-shows not made within 24 hours will be charged a \$40 cancellation fee. We will continue to provide the same high standard of care and ask that you commit to your scheduled appointment.

Patient Name: _____

Signature: _____

Date: _____