



---

### **OFFICE POLICY – APPOINTMENTS**

Please arrive on time for your visit, as we see patients by appointment only.  
Please be advised that our office policy is the following:

Out of consideration for patients waiting for dental attention, if you are unable to keep your appointment, a minimum of 24 hours notice is needed before changing or canceling. If two or more appointments are missed\* or canceled without 24 hour notice, we will be unable to schedule any future appointments in our office.

\*A “missed” appointment is defined as failure to appear at the scheduled time. (For example, if you arrive late – 15 or more minutes past your scheduled appointment time, it will be considered a missed appointment).

### **Acknowledgment of Office Policy**

By signing below, I acknowledge that I have read the above information regarding missed (broken) appointments, and that I understand it fully.

Patient name (please print) \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

(Parent, legal guardian, foster parent)