



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.

We reserve the right, at our discretion to administer a fee of \$50 for a missed/ broken appointment.

If two or more appointments are missed, or canceled without 24 hours 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)