



We strive to provide exceptional care to all our patients. In an effort to do that, the doctor has to book enough time for the appointment especially for long procedure appointments that are surgical in nature. When an appointment is scheduled, that time is set aside solely for you and our entire team is dedicated to completing your dental procedure.

We understand that there are times when you must reschedule an appointment due to work or personal emergencies. However when you do not call to cancel or reschedule an appointment, you may be preventing another patient from getting much needed appointment. Conversely, the situation may arise where another patient fails to cancel and we are unable to schedule you for a visit, due to seemingly "full" appointment schedule.

***Please be fair to other patients and be respectful of doctors' time.***

***We require that you give our office 48 hours notice  
in the event that you cannot keep your appointment.***

<b>Appointment Details</b>	
<b>Patient Name:</b>	
<b>Legal Guardian Name:</b>	
<b>Appointment Date:</b>	
<b>Appointment Time:</b>	
<b>Cancel/Reschedule by:</b>	

If you miss an appointment without contacting our office, please note that your insurance is notified of missed appointments. Our office can also elect to bill you \$50 cancellation fee. This fee is not payable by your insurance company and is solely patient responsibility. No future appointments can be scheduled nor can your records be transferred.

We thank you for your patronage.

<b>Patient Acknowledgement</b>	
I _____ have read the cancellation policy 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.	
Signatures: _____	Date Signed: _____