

----- **DENTISTRY** -----

**APPOINTMENT CANCELLATION
AND NO SHOW POLICY**

We are committed to providing you, our valued patients, with excellent quality and convenient dental services. We reserve time in our schedule specifically for you. Therefore, we ask your cooperation by making every effort to keep scheduled appointments.

Consistent attendance of all dental appointments is very important and cancellations/no shows are highly discouraged. Please arrive for your appointment on time. If you are more than 15 minutes late for your appointment, you may be asked to wait until your provider is available, or more likely, to reschedule your appointment and have a cancellation recorded for that day.

We ask that you give 24 hours notice if you must cancel an appointment. If we do not get at least 24 hours notice, we may not be able to schedule another patient who may need that time slot. This is detrimental to us and to the patients we try to serve. We have an answering machine if you need to call us after hours and over the weekend.

All Cancellations and No Show appointments will be recorded in your chart. Three last minute cancels and/or no shows (without a reasonable excuse) will result in discharge from our services.

THANK YOU FOR YOUR COOPERATION

Patient name (printed) _____

Patient/Parent signature _____
(Relationship if patient under 18) _____

Date _____