



## **Cancellation Policy**

**To provide you with best service possible, we need your cooperation in keeping appointments.**

**Your appointment time has been reserved exclusively for you and any changes affect many other patients. When it is necessary to change an appointment, we require a MINIMUM OF 24-HOUR NOTICE, making it possible for another patient to use that scheduled time. If we are not given a 24-hour notice, a broken appointment fee will be charged.**

**However, the first time you break an appointment without proper notification, we will waive the charge as a courtesy. For any further missed appointment or cancellations made with less than a 24-hour notice, there will be a charge of \$25 billed to your account. This late fee must be paid prior to your next dental appointment.**

**We understand unforeseen circumstances arise and we will take your situation into consideration. We realize accidents happen, family members get sick, and emergencies occur. We will do our best to accommodate these rare occasions with sensitivity, but please remember we track these occurrences as to prevent abuse of this policy.**

**Thank you for your cooperation and understanding in this matter. The policy exists to maintain our service expectations and to respect all our patients' and your dental teams' time. We appreciate your help in continuing to provide the best possible care.**

**Signature \_\_\_\_\_ Date \_\_\_\_\_**