



Rescheduling Appointments

So that we can best serve all our patients, please help us provide you with an exceptional dental visit.

Arrival Time

Please aim to arrive 10 minutes before your scheduled appointment time. This way we can address any needs, updates, or questions you have before your appointment.

If you happen to arrive after your scheduled appointment, we will do our best to provide your service with the time allowed.

Changing/Missed Appointments

We appreciate you letting us know in advance about changes in your schedule and will happily find another time that works for you. 48 hours' notice is needed to reschedule or cancel a booked appointment. If there is less than 48 hours' notice, we will charge a late/cancel fee of \$75. Day of cancellations, or no shows will be asked to pay 100% of appointment cost prior to scheduling next appointment.

These charges will be charged to the credit card on file.

We thank you for your understanding and helping us to continue providing you with the best quality care and timely services.

I have read and agree with the policies described above.

Patient Name: _____ Date: _____

Patient or Guardian Signature: _____