Cancellation and No Show Policy

Dear Patient,

We understand that situations arise in which you must cancel your appointment. It is therefore requested that if you must cancel your appointment you provide a minimum 24 hours notice. When sufficient notice is not given to cancel or reschedule your appointment, it does not give us enough time to contact another patient who could come to the office during your assigned time.

****Cleanings**: Appointments canceled within 24 hours or a no show will incur a $75 fee.

****Scaling and Root Planning:** Appointments canceled within 24 hours or a no show will incur a $150 fee.

****Surgeries**: Procedures canceled within 24 hours or a no show will incur a $250 fee.

Our practice firmly believes that a good doctor/patient relationship is based upon mutual understanding and good communication. Your dental health is important to us.

Please sign that you have read and understand this Cancellation and No Show Policy.

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Patient Name (Please Print)

_____ _____

Signature of Patient or Patient Representative Date Signed