

EFFECTIVE MAY 1, 2007

NO SHOW/CANCELLATION POLICY

If you have an appointment for Dental Treatment that you are unable to keep, you must give at least 48 business hours notice for us to accommodate other patient's needs.

If notice of the cancellation is not received within a 48 hour time frame there will be a \$15.00 cancellation fee.

If you have an appointment and do not show up or call, there will be a \$25.00 No Show Fee.

Any such fees will be automatically charged to your account.

We regret the need to implement this policy.

My signature below indicates that I have read and understood the above stated No Show/Cancellation Policy.

Patient Signature: _____ Date: _____

**Parent Signature: _____ Date: _____
(if patient is under 18)**