



NO SHOW / CANCELLATION POLICY

In an effort to provide the highest quality care and service to our patients, we ask that you notify us 48 hours in advance to cancel and/or reschedule your reserved appointment.

We require confirmation for all appointments. As a courtesy to you we employ the use of a confirmation service to improve the efficiency of your ability to confirm your appointments by

- Email
- Text Message
- Phone Call

This system was implemented to limit the amount of last minute cancellations/no shows due to the high demand for dental care.

If appointments are not confirmed within 48 hours, the appointment will be cancelled.

We value our patient/doctor relationships and will do everything we can to accommodate you. Your communication and compliance are not only very much appreciated but will help us to help you achieve a positive outcome.

Thank you in advance for your cooperation. Your cooperation enables us to serve the needs of all our patients.

By signing below, I acknowledge I have read and understand the No Show/Cancelation Policy

Patient Name

DOB

Patient/Parent Signature

Date