

APPOINTMENT GUIDELINES

Please review this sheet as it contains information concerning your upcoming dental visits.

After dental visits, we often reserve the next appointment for our patients. This ensures patients receive important dental care they need. It also provides greater flexibility to select an appointment date and time that works well with their schedule.

As a courtesy, we strive to contact all scheduled patients by phone 24 to 48 hours prior to their dental visit. Please make sure we have your preferred method of contact. This may include work, home, cell, email and/or pager numbers.

Our office is committed to providing excellence in patient service and care. Therefore, we invest an enormous amount of time each day coordinating schedules, contacting patients and confirming appointments.

****We have an important favor to ask!****

If you find there is a scheduling conflict, please contact our office immediately. We will gladly assist you in rescheduling your dental visit. Please do not wait until we contact you just prior to your appointment to request a scheduling change.

Short notice appointment cancellations are very disruptive to our patient flow and daily schedules. When patients provide advance notification, we are able to arrange care for other patients who are experiencing urgent dental needs.

Please be advised patients who cancel an appointment with less than a 24 hour notice and/or fail to arrive for their scheduled appointment may be assessed a short notice cancellation fee of \$50.00. We will allow one short notice cancellation prior to a fee being assessed. Any fees assessed will not be submitted to dental insurance carriers and is payable in full prior to reserving their next dental visit.

We appreciate your understanding and assistance in fulfilling these guidelines. If you have any questions, please contact our office. Your signature below indicates you have reviewed this information and agree to help us in achieving our goal of better scheduling coordination for our valued patients.

Patient/Guardian Signature

Date