**Cancellation/Missed Appointment Policy**

Our goal is to provide quality dental care in a timely manner. In order to do so, we have had to implement an appointment cancellation policy. This policy enables us to better utilize available appointments for our patients needing immediate care.

**Cancellation of an Appointment:**

In order to be respectful of the dental needs of other patients, please be courteous and call the office promptly if you are unable to attend an appointment. This time will be reallocated to someone who is in urgent need of treatment. If it is necessary to cancel your scheduled appointment, we ask that you call at least 24 hours in advance. Calling early in the day is appreciated. Appointments are in high demand, and your early cancellation will give another person the possibility to have access to timely care.

**How to Cancel Your Appointment:**

To cancel appointments, please call our office at 972-981-8653. If you do not reach the front desk staff you may leave a detailed message on the voice mail. If you would like to reschedule your appointment, please be sure to leave us your phone number and let us know the best time to return your call.

**No-Show Policy:**

A "no-show" is someone who misses an appointment without calling 24 hours in advance to cancel. "No-shows" inconvenience those individuals who need access to dental care in a timely manner, as well as our clinical staff. A failure to show up at the time of a scheduled appointment will be recorded in the patient's chart as a “missed appointment”. The first time there is a "no-show" there will be no charge to the patient. Any additional "no shows" will result in a fee of $40.00.

**Late Cancellations:**

Late cancellations will be considered as a "no-show". Cancellations made less than 24 hours in advance of your scheduled appointment time will be assessed a cancellation fee.

I understand this policy and authorize Dentistry For Adults to assess cancellation and no show fees according to the above outlined policy.

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Signature of Patient (or responsible financial party) Date

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Printed Patient Name