



BROKEN APPOINTMENT POLICY

Patient(s) Name: _____

We are committed to the highest quality of care for all our patients; therefore, we schedule all appointments in advance and make every attempt to confirm them two days in advance. When we schedule your dental visit, that time belongs to your child and they deserve our undivided attention.

We value our relationship with you and your child and want to be fair. However, if you are unable to keep an appointment, we ask that you please call and let us know **at least 24 hours** prior to the scheduled appointment. Without prior notice we are unable to move another patient from our waiting list into that appointment and that time is lost. **We do not like to charge for broken appointments, but if multiple appointments are missed, without prior notification, a \$50.00 fee will be assessed per child.**

Our staff is dedicated professionally and personally, to give you the concern, respect and care that makes our office a comfortable place to visit. We ask that you please call if you cannot keep your scheduled appointment time for your child.

Parent Signature

Date

*****Parent Email Address:** _____
(Print Please)