



To All Our Valued Patients:

We are happy to have you in our practice and strive to make every dental visit as pleasant as possible. We ask that you help us to do that by arriving on time for your appointments or giving us a **minimum of 24 hours notice if you are unable to keep your appointment so that we may offer the time reserved to another patient.**

If a minimum of 24 hours notice is not given to cancel an appointment there will be a **\$50 per hour missed appointment fee applied.** The first time we will waive this fee as a courtesy and reminder but you will be asked to pay your copayment in advance to reschedule your appointment. If that appointment is missed without 24 hours notice, the missed appointment fee will be deducted from your prepaid copayment.

All future missed appointments will be charged a \$50 per hour fee.

In addition, there is a \$25 copy fee for requests for copies of your records/xrays. We ask that you allow us 48 hours to provide these records to you or whomever you are requesting to receive them.

Please sign below to acknowledge your understanding of these policies. We value you as our patient and appreciate your cooperation.

Patient Signature

Date