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***Missed Appointments & Short Notice Cancellation Policy***

***We Value Your Time and Ask That You Value Our Time in Return***

We are committed to providing you with the best possible dental care. When scheduling your appointment we set aside doctor’s time, assistant’s time, treatment room disinfection, and set-up so we can accommodate and perform the dental services you are scheduled for.

Missed appointments, and/or appointments cancelled with little or no notice, result in dramatically increased overhead costs due to lost doctor time, over-staffing, and unnecessary treatment room setups. Therefore it is imperative that you are committed to making your scheduled appointment.

We use text messaging, email, and personal telephone calls to personally confirm all appointments at least 72 hours in advance. It is important that you respond to these messages so we know whether or not you will be able to come to your appointment. **Please keep us up-to-date with your current cell phone number and email address.**

The following fees may be assessed for missed appointments, and/or appointments cancelled with little or no notice:

<i>Appointment Type</i>	<i>Missed/Cancelled Appointment Fee</i>
<b>Hygiene:</b> Appointments requiring the services of a Dental Hygienist (i.e. cleanings, X-Rays, sealants, etc.).	<b>\$75.00</b>
<b>Major Dental Treatment:</b> Appointments requiring the Doctor’s time in conjunction of the Doctor’s direct supervision of a dental assistant (i.e. fillings, crowns, bridges, root canals, implants, orthodontic bandings, TMD, etc).	<b>\$250.00</b>
<b>Periodic Orthodontics:</b> Appointments for regularly scheduled (usually monthly) contractual orthodontic visits. These appointments are the visits to update wiring, tighten and replace ligatures, or otherwise evaluate and update your care while undergoing orthodontic treatment.	<b>\$75.00</b>

***Failure to give at least 48 hours notice may result in a missed appointment fee as detailed above. By signing this agreement you acknowledge and accept responsibility to notify us at least 48 hours in advance for cancelling or rescheduling your appointment with us.***

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Patient or Legal Guardian Printed Name

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Patient or Legal Guardian Signature

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Date