

## **APPOINTMENT CONFIRMATIONS**

We are aware that you need to schedule your appointments around your work schedules, children's school schedules, other doctor visits and just life in general. We will always try our best to accommodate of our patients' appointment time requests. As a courtesy, we send out text reminders for upcoming appointments. If you confirm via text, please know that we may also call to confirm your appointment due to digital error that does occasionally happen when you use an outside source to send these messages out. We will often call to confirm the appointment time you were given via text, over the phone or while visiting our office. We apologize if this feels like we are redundant with our confirmation tactics, but we just want to ensure that the appointment time you were given is accurate with what you have scheduled into your busy day. If you receive a voice message from us asking you to call our office regarding your appointment time, please call us back. We are calling to let you know that an unforeseen issue has arisen, and we would like for you to know that your appointment time may be delayed or informing you an opportunity to be seen earlier.

### **NO SHOW, MISSED APPOINTMENT OFFICE POLICY**

When our office books your appointment, we are setting aside a dedicated chair time specifically for your treatment requirements. Every patient in our practice receives this unique reservation. When your appointment is made, your materials are ordered, and we make special arrangements to be ready for your visit.

We ask that if you must reschedule your appointment, that you please provide us with at least 48 (2 work day) hours' notice. This courtesy makes it possible to give your reserved time slot to another patient who would be more than happy to accept.

There is a charge of \$25.00 for not showing up for your scheduled appointments. This charge can be waived when you call to reschedule your appointment and notify us of the reason for the no show to the previous appointment. If your account shows repeated missed appointments or cancellations without 48 hours' notice, you may be asked to secure your next appointment with a deposit which will be forfeited if you do not show for the appointment that required a deposit.

Please sign to acknowledge your understanding of our office policy.

Patient name: \_\_\_\_\_

\_\_\_\_\_  
Signature of patient or patients parent or guardian

\_\_\_\_\_  
Date