Appointment Policy

If any appointments need to be rescheduled, please contact our office as soon as possible, we consider proper notice to be at least 24 hours prior to your scheduled appt time. Failure to cancel without proper notice will result in the following actions:

1. **No Charge for first occurrence**
2. **$50.00 for second occurrence**
3. **With the third occurrence we fee there has been a breakdown of patient doctor relationship and would be glad to recommend a dentist that would better suit your schedule.**

In life there are exceptions to every rule. We understand there are certain circumstances that would prevent our patients from keeping appointments. We would be glad to work with you in any way we can. Thank you for your cooperation in the matter.

______________________________________ _______________

Signature of Patient or Responsible Party **Date**

______________________________________ _______________

Signature of Witness **Date**