

Kelly P. Shaw D.D.S.

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### **Appointment Notice**

Our Dental Office provides calls as a courtesy to our patients; however, you are expected to keep your appointment once it is made. Calls are generally made 1 day in advance of an appointment to secure your time.

If we do not hear from you, we will cancel your appointment and reassign your time to another patient. Cancellations without 24-hour advance notice are assessed a fee of \$50.00 per office visit and \$75.00 for all **MAJOR** procedures.

In an effort to accommodate patients in a timely manner, we are asking for your cooperation.

Please feel free to ask the staff regarding any questions you may have.

Acknowledged:

(Patient Signature):

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