

RICHARDSON FAMILY DENTISTRY
1103 GAYLE AVE.
KALAMAZOO, MI 49048
269-343-6907

Cancellation/No Show Policy

Your scheduled appointment time is set-aside specifically for you. We are committed to your health and to helping you achieve your optimum well-being. For this to happen it is expected in return that you make a commitment to yourself and to us to keep your scheduled appointment.

In the event you are unable to keep a scheduled appointment, please call 24 hours prior to your appointment to cancel, which will allow us to schedule someone else at your appointed time. Failure to show up for a scheduled appointment without calling 24 hours in advance will result in a fee of \$30.00, except in cases of emergency if we are notified. The charge of \$30.00 will be added to your account.

We can be reached by calling 343-6907. If you need to call after business hours please leave a message with the date and time of your appointment as well as a time of your call.

We appreciate your cooperation and consideration, and we look forward to working with you. Please feel free to talk with us if you have any questions regarding this matter.

Sincerely,
Mark E. Richardson, DDS

I have read the above policy and agree to the terms stated therein.

Patient Signature

Date