

## Appointment Policy and Agreement

Our goal is to provide quality dental care in a timely manner. In order to do so, we ask that patients adhere to our cancellation and no-show policy. The policy enables us to better utilize available appointments for our patients in need of dental care.

### CANCELLATION OF AN APPOINTMENT

In order to be respectful of other patients' needs, please be courteous and call our office promptly if you are unable to attend an appointment. This time will be given to someone who is in need of treatment. We ask that you contact our office two business days (48 hours) in advance to cancel or reschedule your appointment. Failure to comply may result in a **fee of \$25**.

### NO-SHOW POLICY

A 'no-show' is an appointment that was not canceled in advance. We've held an appointment time for you, and unfortunately no-shows inconvenience other patients who need dental care. A 'no-show' for a scheduled appointment will result in a **fee of \$25**.

### LATE ARRIVALS

In an effort to serve our patients in a timely manner, we ask that you are on time for your scheduled appointment. In the event you are running late, please call the office. If you are more than 10 minutes late to your scheduled appointment, you may be asked to reschedule.

Thank you for choosing Smith Dental Care for your dental needs. We look forward to a long-lasting relationship with you. My signature below indicates that I have read, understand, and agree to the appointment policy above.

\_\_\_\_\_ Date: \_\_\_\_\_  
Print Patient Name

\_\_\_\_\_ Relationship to Patient  
Signature of Patient or Guardian