



## 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 urgent need of treatment. We ask that you contact our **office two business days (48 hours) in advance** to cancel or reschedule your appointment.

### **NO SHOW POLICY**

A "no show" is an appointment that was not canceled with advanced notice or no notice at all. No shows inconvenience other patients who need dental care. A "no show" for a scheduled appointment will result in a \$25 fee.

### **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.

Thank you for choosing Davis Family Dentistry for your dental needs. We greatly respect your time and choices and look forward to a long lasting relationship with you.

### **ACKNOWLEDGEMENT**

My signature below indicates that I have read, understand and agree to the appointment policy above.

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Signature

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Date