



Appointment Policy

Our practice operates on a schedule in order that we may provide quality dental care and individual attention to each patient. An **appointment time** reserved on your behalf is considered **tentative** until positive **confirmation** is provided to the office by the patient **24-48 hours prior to the appointment.**

It is our policy to provide **courtesy confirmation calls 24-48 hours prior to the reserved appointment.** If we are unable to contact you, we will leave a message. However, **we do require a return confirmation call no less than 24 hours in advance** of a reserved appointment time.

Return confirmation calls to the office after normal business hours will be received via our automated voice mail service. **If positive confirmation** of an appointment **is not received within 24 hours,** that **appointment will automatically be rescheduled to a later date.** Confirmed **appointments cancelled without 24-hour notice and broken (no show) appointments will incur a \$25.00 charge.**

Thank you for your time and cooperation and for allowing us the opportunity to provide you with quality dental care.

Patient/Guarantor Signature

Date