



Appointment Cancellation Policy

Dear Patient:

We strive to render excellent dental care to you and the rest of our patients. In an attempt to be consistent with this, we have a Dental Appointment Cancellation Policy that allows us to schedule appointments for all patients. When an appointment is scheduled, that time has been set aside for you and when it is missed, that time cannot be used to treat another patient.

Our policy is as follows:

We request that you please give our office notice by calling ***at least 24 hours*** prior to your appointment if you unable to attend. This allows other patients to be scheduled in to that appointment. It also makes it possible to reschedule your appointment more efficiently. If a patient misses an appointment without contacting our office (***“No-show, No-Call”***) ***or failure to give the 24 hours notice necessary prior to scheduled appointment***, a fee of ***\$30.00*** will be charged to you for a missed appointment. If a patient accumulates a total of three (***3***) missed appointment, the patient may not be rescheduled for future appointment and will be asked to leave the practice.

We usually call and remind you of your scheduled appointment, however, it is your responsibility to plan appointment accordingly and notify Edison Dental 27 P.C. appropriately. If you have any questions regarding this policy, please let our staff know and we will be glad to clarify any questions you have.

We thank you for your patronage.

I, _____ (print name of patient), have read and understand the Appointment Cancellation Policy of Edison Dental 27 P.C. And I agree to be bound by its term.

(Signature of Patient or Responsible Party)

(Date)

