



Appointment Policy

Scheduled appointments are reserved specifically for your child therefore any change in this appointment may affect other patients. Please read the following:

- ❖ *We strive to see all patients on time for their scheduled appointment. At times, our schedule may be delayed in order to accommodate an emergency patient. Please accept our apology in advance should this occur during your appointment.*
- ❖ *Please plan to arrive at least 15 minutes before your scheduled appointment. This will allow time to complete any additional paperwork and allow us to bring back your child on time.*
- ❖ *If you arrive 10-15 minutes late for your appointment, you may be asked to reschedule for the next available appointment time.*
- ❖ *Please call at least 24 hours in advance if a cancellation is unavoidable so that we may provide another patient an earlier appointment.*
- ❖ *We reserve the right to charge a \$25 cancellation fee if you cancel without giving the proper 24 hour notice prior to your scheduled appointment.*
- ❖ *Broken or missed appointments affect many people. If there are 3 or more broken/missed appointments, our office reserves the right to not schedule any subsequent appointments.*

If you you have any questions, please feel free to ask our staff or call our office. We appreciate you entrusting us with your child's dental health care.

Patient's name: _____

Guardian's signature _____

Relationship to patient _____ **Date** _____