

## **CANCELLATION POLICY**

Please notify Cantrell Family Dentistry if you are unable to keep your appointment. We have reserved this time period just for YOU and YOUR dental care!

We ask that you please be considerate and give us at least <u>48 hours (2 business days)</u> notice if you plan to cancel or reschedule your appointment. If you do so, there will be no action taken for a cancellation charge. This amount of notice allows us to easily reschedule your appointment as well as assist another patient in utilizing your cancelled time period.

There will however be a charge of \$45.00 for all no show appointments or appointments that are cancelled or rescheduled under 48 hours (2 business days) notice.

The cancellation fee will be the responsibility of the patient and must be paid in full before the next visit. This policy will allow us to better utilize available appointments for all patients in need of dental care.

Our goal at Cantrell Family Dentistry is to provide exemplary dental care to patients in a timely manner. When you do not keep your reserved time, you are affecting many people, including the following:

- The doctor's time
- The staff's time
- Your dental needs
- Another patient's time that could have utilized that time period

We understand that emergencies/illness' occur unscheduled and we will take those incidents into consideration on a case by case basis, but please understand that the charge may still apply.

We appreciate your cooperation in this matter. Thank you.

I have read, understand, and agree to the information conc	, and agree to the information concerning the cancellation policy.  /or Guardian Date	
Signature of Patient and/or Guardian	Date	