



NEW APPOINTMENT POLICY

The scheduled appointment is reserved specifically for your child. Any change in this appointment affects many patients. If a cancellation is unavoidable, please call the office **at least 24 hours** in advance so that we may give that time to another patient. **If an appointment is cancelled or broken with less than 24 hours notice, a \$25 fee will be charged to your account. A broken appointment means a no show.**

- ◆ *All restorative (fillings, extractions, etc.) procedures are scheduled in the morning.* Children, as well as adults, are more prepared and do better in the morning for these types of procedures. **A 10% deposit is required to reserve a restorative appointment, and will be credited to your account if the appointment is kept. However, if the appointment is broken or cancelled with less than 24 hours notice, the deposit is non-refundable and will not be credited to your account.**
- ◆ *We strive to see all patients on time* for their scheduled appointment. There are times when our schedule is delayed in order to accommodate an injured child or an emergency. Please accept our apology in advance should this occur during your appointment. We will do the exact same if your child is in need of emergency treatment.
- ◆ *Please plan to arrive at least 5 minutes prior to your scheduled appointment.* This will allow time to complete any additional paperwork and see your child on time.
- ◆ *If you arrive 15 minutes or more late for your appointment, you may be asked to reschedule for the next available appointment time.*
- ◆ *Again, please call at least 24 hours in advance if a cancellation is unavoidable* so that we may give it to another patient.
- ◆ *Broken or missed appointments affect many people.* If two (2) broken/missed appointments occur or two (2) cancellations without 24-hour notice, our office reserves the right to NOT schedule any subsequent appointments.

If at any time you have questions, please feel free to ask our staff or call our office. We are here to help in any way we can. We appreciate you entrusting your child's dental health to us.

Thank you!

I have read and understand the above appointment policy.

Print Name

Signature of Parent or Guardian

Date