



We recognize that adhering to a schedule is important in order to maximize time and meet the demands of daily life. With this in mind, we have developed a cancellation policy that is fair to both our patients and our practice.

We are committed to seeing our patients on time and request that you arrive to your appointment at the scheduled time. If you must be late we will do our best to see you but may not be able to complete all the scheduled procedures. You may be required to schedule a separate appointment to finish those procedures.

To make sure every patient gets individual attention, we set aside dedicated time for each appointment. We request 24-hours notice if you need to cancel your appointment. We are aware that unforeseen events sometimes require missing an appointment. If you fail to cancel or reschedule your appointment at least 24 hours prior to your appointment date, you may be subject to a "no show" fee of \$50. We appreciate your cooperation and understanding.

Patient Name: _____ Date: _____

Signature: _____