



### **Cancellation/No Show Policy**

**We reserve one on one time for each person we see so that we can give you the best attention for your individual care. When your appointment is not kept, the dentist, the hygienist and other providers are left for a long period of time without patients during the day when they could be treating others that are in need of their care.**

**Please provide us at least one full business day notice for any schedule changes. Last minute cancellations and no shows cause problems and expenses for the office due to the time reserved for your appointment.**

**There is a cancellation fee of \$60/hour of scheduled time.**

**Thank you for letting us know of any changes in advance!**

---

**Patient Name Printed**

---

**Patient Signature**

---

**Date**