No Show / Missed Appointment Office Policy Form

When our office books your appointment, we are setting aside a dedicated chair and time slot just for you. We only ask that if you must reschedule your appointment, that you please provide us with at least 24 hours' notice. This courtesy makes it possible to give your reserved time slot to another patient who would be more than happy to accept.

There is a charge of \$50.00 for not showing up for scheduled appointments or for cancelling less then 24 hours before your scheduled appointment. (If you have an emergency, i.e. a death in the family, you will not be charged.)

*Repeated cancellations or missed appointments will result in loss of future appointment privileges.

Every patient in our practice receives this unique reservation. When your appointment is made, a time is
reserved, your materials are ordered, and we make special arrangements to be ready for your visit. Except
for emergency treatment for another patient, you can expect us to be prompt. We, of course, would
appreciate the same courtesy from you.

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Please take notice. The card that is provided below will be chappointment only if your appointment is not cancelled within	• •
Credit Card #	
(Circle One) – M/C – Visa – Disc	
Expiration Date-	
CC Security Code (3 digits)	
Amex Sec Code (4 digits)	
Patient Name	
Patient Signature	Date