

**APPOINTMENT POLICY**

**Patient Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Our office aims to provide an exceptional and individualized care to each of our patients and therefore we would like our parents/guardians to value our doctor(s), staff, and other patient’s appointment time. Scheduled appointment time(s) are reserved specifically for your child.

Please read all guidelines regarding our appointment policy and if you have any questions please ask one of our patient coordinators or business staff member.

- 1. Cancellation Fee:** All appointments cancelled less than 48hrs are subject to a fee of \$50.00. Again, keep in mind that this time is reserved for you and if you are not able to make it to the appointment then we would like to offer this time slot to another patient in need for an earlier appointment.
- 2. Restorative Appointments:** Restorative appointments are preferred to be scheduled in the morning. Children as well as adults, are more prepared and do better in the morning for these types of procedures. We do understand parent’s work schedules and other commitments and our office will do what we can to accommodate your needs to the best of our ability.
- 3. Delay in Seeing Our Patients:** 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, an emergency, or an unexpected extra time in finishing a quality dental work. Please accept our apology in advance should this occur during your appointment. We would extend the same service to your child if there was a need of emergency treatment.
- 4. Arrival Time:** Please plan to arrive 10min or more before your scheduled appointment. This will allow time for parking and to complete any additional paperwork.
- 5. Delayed Arrival:** If you **arrive 15min after your scheduled appointment** time then you may be asked to reschedule for the next available appointment time. We will do our best to fit you in if there is an opening in the schedule but we cannot guarantee that we are able to accommodate that all the time.
- 6. Dismissal from Our Practice:** Continuous broken/missed appointments affects many people. It shows lack of respect to our practice, our service, and our staff. **If 2 broken/missed/late canceled** appointments occur without 48hrs notice, our office reserves the right to **NOT** schedule any subsequent appointments and charge listed above will be applied to any/all accounts.
- 7. Adult Presence:** A parent or legal guardian (with official documentation) must be present during all appointments that your child is in the office.

Thank you and we look forward to providing exceptional dental care to your children. We appreciate you entrusting your child’s dental health to us.

Parent/Guardian Name (print name): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_