



## Cancellation Policy

We pride ourselves in providing extra time for the personal attention each patient deserves. Your appointment in our office is exclusively for you. We respect your time and make every effort to keep you from waiting.

I \_\_\_\_\_ understand by signing this form I will have read and understood the following:

1. We request **48 hours** for canceling of any appointment. Otherwise, your appointment will be considered a broken appointment.
2. We reserve the right to charge for all broken appointments.
3. Broken appointments that are thirty minutes long, will incur a fee of **\$30.00**.
4. Broken appointments that are over thirty minutes long, will incur a fee of **\$30.00-\$120.00** Depending on the length of the appointment.
5. Broken cleaning appointments will incur a flat fee of **\$30.00**.
6. We **will not** reschedule your appointment until the cancellation fees are paid.
7. We urge you to confirm your appointments. If your appointment is not confirmed within the **48 hours** allowed, it is possible your appointment will be replaced and you will have to reschedule.
8. If treatment is changed per your request, a cancellation fee may be charged if the time allotted for the procedure cannot be filled with another patient.

We will call 2days ahead of your scheduled appointment to confirm. If we do not reach you at that time we will try again the next day before the appointment. If we do not confirm your appointment then, your appointment may be given to another patient and you will be charged a fee.

We **do not** require a form of payment to be kept on file for this policy. However, please check the box below of how you would pay for a cancelled appointment.

- Credit Card #** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **3 Digit Security Code** \_\_\_\_  
**Expiration Date** \_\_ / \_\_

**Signature** \_\_\_\_\_

- Cash**  
 **Check**

\_\_\_\_\_  
**Please Sign**

\_\_\_\_\_  
**Date**