



MISSED APPOINTMENT AGREEMENT

In order to serve you better and keep the cost of dental care down, we try to maintain an efficient appointment system. However, our cost of providing care increases greatly when patients fail to keep scheduled appointments or cancel at the last minute.

Appointments are reserved exclusively for you. **A scheduled appointment is a commitment between you and our practice as a promise to appear.**

We require at least **48 hours (2 business days)** notice for any cancelled or rescheduled appointment. We reserve the right to charge and collect **\$50-\$100 per hour** for any missed appointment. A missed appointment is considered a scheduled appointment in which you no show or a cancelled/rescheduled appointment with less than 48 hours (2 business days) advance notice.

If you have missed multiple appointments, we will require \$50 to reserve your next appointment. This fee will be applied towards your completed appointment or treatment. We sincerely appreciate your understanding and cooperation with this policy.

Patient or Responsible Party Name: _____

Signature of Patient or Responsible Party: _____

Relationship: _____ Date: _____

Minor Patient Name(s): _____