

Date: _____

Dear Patient,

Our primary goal is to assist you in attaining and maintaining optimal oral health. Therefore your appointment time is reserved exclusively for you. We trust that no change in your appointment will be necessary and we will call you 24-48 hours in advance to confirm your reserved time. Should an unforeseen circumstance cause you to change your reserved appointment, we ask that you give us 24 hours' notice.

If you fail to keep your appointment or give less than 24 hours' notice, there will be a 50.00 charge.

I, _____, understand that failure to meet an appointment or give less than a 24 hours' notice for cancellation, will result in a 50.00 charge.

X _____