



Family Preventive Dental Care, P.A.

Infants through Adults

GEOFFREY W. WAGNER, M.Ed., D.D.S.

## CANCELLATION/MISSED APPOINTMENT POLICY

Patient \_\_\_\_\_

Last minute cancellations and failed appointments affect all of us. Unused appointment times deprive patients of valuable treatment time. Family Preventive Dental Care has the following policy:

If you do not give **48 hours notice before canceling** a scheduled appointment or if you **fail** an appointment, **you will be charged a fee of \$40.00** for that appointment. Under some circumstances, you may be dismissed from the practice.

This fee is not covered by any type of insurance and the fee must be paid in full before you or any family member can be rescheduled.

As a courtesy to our patients, we do make one confirmation call at least 48 hours before your scheduled appointment.

I have read and I understand this policy.

Signed \_\_\_\_\_ Date \_\_\_\_\_

If you are completing this form for another person, please sign your name below and give your relationship to that person.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Relationship \_\_\_\_\_ Phone \_\_\_\_\_  
Parent/Guardian/Interpreter