

Caring Family Dentistry

APPOINTMENT AGREEMENT

We make every effort to value your time and we schedule your appointment time just for you.

We truly appreciate your courtesy of giving us 48 hours notice if you have a conflict with your appointment and need to schedule a different day or time. We are committed to your oral health and keeping your scheduled appointment allows us to be partners in your dental care.

Please initial each bullet point:

- _____ I acknowledge an appointment is a reservation
- _____ I agree to provide a minimum of 48 hours notice if I need to change my appointment for any reason
- _____ If I change 2 appointment with out 48 hours notice in a 12 month span, I acknowledge I may be asked for a deposit at the time of scheduling in order to be appointed.
- _____ I understand that I must confirm my appointment 48 hours prior to my appointment or forfeit the appointment and any and all deposit.

You may confirm your appointment via email, text message or by calling our office during business hours. Failure to confirm your appointment may result in loss of the time reserved for you including any deposit.

It is our philosophy to continue to put out patients first and to make your experience a positive one. Thank you for allowing us to share our appointment policy with you. Please let us know if you have any questions.

Patient Signature

Date