1235 Indian Trail Road
Suite 300 Norcross, GA 30093

<u>Missed Appointment/Cancellation policy:</u>

At our office we know that your time is valuable, and we make sure that the time slot we reserve for you/your child is yours to keep so you can get the best service possible. Your/your child's oral health is important to us, which is why every time we book an appointment for you, we book off time in our Doctor's and Dental Assistants' schedule to ONLY serve you.

In order to keep this level of service, we ask patients to give us a minimum of 48 hours' notice if they can't make it into our office. This way it allows us to serve other patients in need of much needed dental work. Our doctor's time is highly requested, and we want to make sure that our patients don't have to wait for weeks to see them. Therefore, we have a cancellation policy that we ask you to honor so we can attend to the need of all our patients. We respect and value your time and we ask that you do the same for ours.

As a courtesy to our patients, we try our best to give you reminder calls/ text messages/ email for your upcoming appointment. However, it is ultimately your responsibility to call us back and verify your appointment date and time when you are unsure.

If you fail to give us at least 48-hour cancellation notice or no show to a scheduled appointment, we will charge you a cancellation fee of $50 per appointment cancelled or no showed.
After 3 missed or cancelled appointments in our practice, we will still see you/your child. However, due to your attendance record we will not be able to reserve a time-slot at our office for you/your child. This means we can schedule you/ your child in on a same- day basis. This will mean more wait times, but we will still provide you service especially if you have an emergency.

If you have any questions regarding the Missed Appointment/ Cancellation policy. Please contact our office and speak with our patient coordinators.

I have read and agree with the office cancellation/no show policy.

Parent/ Guardian Name:_____ Date:_____

Signature:_____