

# BAYSIDE DENTAL CARE

AMZI R. SHERLING, D.D.S., MAGD



## MISSED APPOINTMENT POLICY

We want to thank you for choosing us as your dental health care provider. In order to provide you and other patients with the best optimal care, we request that you follow our guidelines regarding broken and/or cancelled appointments.

Please remember that we have reserved appointment times especially for you. Therefore, we request at least 24 hours notice in order to reschedule your appointment. This will enable us to offer your cancelled time to other patients that desire to get their treatment completed. Failure to give 24 hours notice will result in a \$40 missed appointment fee.

We will call to remind you of your appointment 2 days prior. If we don't hear from you within 24 hours, your appointment may be released to another person.

Please realize how important it is to keep your reserved appointment time. Thank you for your consideration of our policies and for the opportunity to be your dental office choice.

Signature \_\_\_\_\_ Date \_\_\_\_\_