

We want to take this opportunity to thank you for allowing us to be your preferred dental office. We know that you have many choices and are grateful that you choose us.

In the past year, our office has implemented a lot of changes that will continue to make us better. Most of these changes do not affect you as the patient directly, but help our office run smoother and more efficiently. Unfortunately, from time to time we must make a change that may affect our patients. We must implement some form of accountability for our appointment times.

Effective Immediately:

1. All missed appointments will be subject to a \$25 fee. Appointments must be rescheduled/cancelled at least 24 hours prior to the original appointment time to allow our office time to fill the space. This helps us keep our costs lower and keep space for emergency patients. We understand that life happens, schedules change and we strive to give you plenty of notice of upcoming appointments in case there are any changes you may need to make.
2. Any patient who is more than 10 minutes late will be asked to reschedule their appointment. All 4:00 and 4:30 appointments must be on time.
3. After 3 missed appointments (appointments that are not rescheduled/cancelled with advance notice) patients may be subject to dismissal. Families who have scheduled bulk appointments must adhere to the cancellation policy or only one appointment will be scheduled in any given day going forward.

Any unconfirmed appointments are subject to possible rescheduling in the event of emergency patients. Please make every effort to confirm appointments at 615-855-3088, if we are unavailable please leave a message on the answering machine.

Scheduling is a very important part of our daily practice. We strive to appreciate and respect the time our patients take to be in our office and try to keep to the schedule as much as possible. We are simply asking that our schedule be respected as well. We look forward to serving you throughout the years to come. Please feel free to contact the office if you have any questions.

Parent or Guardian signature: \_\_\_\_\_

Date: \_\_\_\_\_