



CANCELLATION POLICY

Every patient at Davidson Family Dentistry is individually scheduled with the dentist or hygienist. We do not overbook our patients. Emergencies, conflicts, and illnesses do occasionally require that we reschedule our patients. We understand that emergencies, conflicts, and illnesses occur in the lives of our patients as well. When these occur, we require at least a 24 hour prior notice for cancellation.

To assist you, we will attempt to contact you at least 24 hours prior to your appointment by phone at the phone number(s) you provided to us. Any appointment cancelled prior to 24 hours to the scheduled appointment will not be recorded. Any appointment cancelled within 24 hours of the scheduled appointment time will be recorded in your patient record as a cancelled appointment. Any appointment not attended and not cancelled will be recorded as a failed appointment. Patients will be charged \$50 for any recorded failed or late cancelled appointment. Every patient will be allowed two recorded failed or late cancelled appointments within a two year period prior to charges being assessed. We reserve the right to dismiss any patient from our practice on any grounds including cancelled or failed appointments.

We continue to strive to be an office that is very respectful of our patients' time and money. Our staff to patient ratio is 3:1. This cancellation policy is designed to help us continue to offer quality dental care and customer service to all of our patients.

Please acknowledge receipt of this information by signing and dating this form. A copy will be given to you if requested and the original will be stored with your permanent records.

DAVIDSON FAMILY DENTISTRY

I acknowledge I have read and approved the above cancellation policy for myself and any minor children as of this date ____/____/____.

Signature

Print Name