

## 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 appointments allows us to be partners in your dental care.

We will not charge for your first missed appointment. However, after two missed appointments in a 12 month span, you may be required to make a deposit when scheduling. If you keep the appointment the deposit will be applied towards treatment. However, if you fail to keep the appointment a second time, the deposit will be forfeited.

We ask that you confirm your appointment a minimum of 48 hours prior to your visit. You may confirm via email, text message or by calling our office during business hours. Failure to confirm to your appointment may result in the loss of the time reserved for you and your treatment and a loss of your deposit.

It is our philosophy to continue to put our 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

### Appointment Agreement

- 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 appointments without the required 48 hours notice in a 12 month span, I acknowledge I may be asked for a deposit at 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.

***\*\*Please be advised that cancellations made up to 48 hours before a scheduled appointment will be processed without a penalty. Cancellations made 48 hours or less before an appointment will be subject to a charge of \$25, after 2 or more offenses. Feel free to contact our office at jsddsllc@gmail.com with any questions regarding this policy.***

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Print Patient Name

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Patient Signature

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Date