

## Patient Cancellation & No Show Policy

In order to provide you with the best care possible, we ask that you make every effort to keep your scheduled appointments and arrive in a timely manner. We are asking that if you have to cancel/reschedule your appointment that you contact our office 24 hours in advance before your scheduled visit.

*If the above policy is not followed, you will be charged the following:*

Office Visits/Consultations, No Show/Late Cancellation:  
\$25

Operating Room Visit/Sedations, No Show/Late Cancellation:  
\$100

Please understand that we had to implement this policy based on our large patient base and the amount of patients being scheduled so far in advance.

We understand that under certain circumstances emergencies may come up and we will address this on a case by case basis. Of course all fees are waived if a doctor's note is provided.

We appreciate your understanding in this Policy.

Holdbrook Pediatric Dental

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Patient/Parent signature