



Cancellation & No-Show Policy Patient Informed Consent Agreement

We appreciate you and understand your time is valuable, which is why we make every effort to keep you from waiting. As a result, your appointment time in this office is reserved exclusively for you. We reserve the right to charge patients who do not cancel with adequate notice or who fail to keep their scheduled appointments. To respect the needs of all Redlands Town Dental patients, if it is necessary to cancel your reserved appointment, we require that you contact our office 24 hours in advance.

Missed appointments are an inconvenience to patients who need access to dental care in a timely manner. Last minute/late cancellations are considered 'no-show' appointments. **We reserve the right to charge for any appointment(s) broken without 24 hours' notice. The charge will be \$50 for each 1 hour appointment.** The fee is the sole responsibility of the patient. Fees must be paid in full prior to the patient's next appointment. Habitual missed/canceled/rescheduled appointments may result in a patient being required to either pay up front prior to scheduling an appointment or this office may no longer be available to provide dental services for the patient.

If you need to cancel through our voicemail system it has to be 24 hr in advanced. We understand that extreme/unavoidable emergencies or circumstances do arise which may require you to cancel your appointment, and individual circumstances will be taken into consideration.

Our practice firmly believes that good physician/patient relationship is based on trust and good communication. Questions about cancellation and no-show fees should be directed to our Office Manager.

By signing below, I acknowledge our Cancellation and 'No-Show' Policy.

Patient or legally authorized individual signature

Date

Print name/Relationship to patient

Date