

**Beautiful Lake Ridge Smiles and
Lake Ridge Ortho-TMJ-Sleep Centre**

No Show, Missed Appointment Office Policy Form

Quality care for our patients is our priority. Please take a few minutes to review our no-show-missed appointment policy and sign at the bottom of the form. If you have any questions please let us know.

When our office reserves your appointment, we are setting aside a dedicated chair and time slot just for you. We only ask that if you must reschedule and or cancel your appointment that you please provide us with at least **24 hour notice**. This courtesy makes it possible to give your reserved appointment to another patient who has been waiting to be seen. ***Arriving more than 15 minutes late to your dental appointment will result in a missed appointment, and your appointment will be canceled.***

We will attempt to contact you two business days before your scheduled appointment to confirm your visit. If we are unable to speak with you and have to leave a message, you will need to contact our office by 12:00pm the business day before the appointment-otherwise the appointment will be canceled and marked as a no-show.

Please call our office at least 24 hours in advance if you need to reschedule an appointment. Please note that, unless canceled at least 24 hours in advance, you will be charged \$55.00 per hour for missed/no show appointments.

****Repeated cancellations or missed appointments will result in loss of future appointments and or dismissal from our dental practice*
Only emergency dental treatment will be offered within 30 days of dismissal.***

Every patient in our practice receives this unique appointment reservation. When your appointment is made, a time is reserved, your materials are ordered, and we make special arrangements to be ready for your visit. Except for emergency treatment for another patient, you can expect us to be prompt. We, of course, would appreciate the same courtesy from you.

I have read and understood the "No show Missed Appointment Policy" as described above

Patient Signature:

Date: