

**NOTICE OF CANCELLATION POLICY**

It has become a problem in our practice to have patients "no show" for their scheduled appointments. This is not fair to patients that need appointments and are unable to be seen because our schedule is full; then to have one or several patients "no show". In order to minimize this we are asking for your cooperation in giving us a full 24 hours notice before canceling an appointment. If appropriate notice is not given we will charge a cancellation fee according to your dental insurance fee schedule, this may range from \$20 to \$50 dollars.

I acknowledge receipt of this policy

---

Patient Signature

---

Date