



DATE ____ / ____ / ____

ACKNOWLEDGEMENT OF APPOINTMENT POLICY

Patient Name: _____

Our goal at Westmoore Dental Studio is to provide quality dental care in a timely manner. We do understand issues arise that could prevent you from making your appointment. We are asking patients to provide us with a notice of **48 business hours** if an appointment cannot be kept. This allows us time to fill our schedule with patients that may be on a waiting list. We appreciate your understanding and consideration regarding our office appointment policy:

- **Cancellation or rescheduling of an appointment prior to 48 business hours of the appointment will result in NO CHARGE.**
- **A failed appointment is an appointment that is cancelled or rescheduled without a 48 business hour notice OR an appointment where the patient does not show up.**
- **We allow for one (1) courtesy appointment change with a 24 business hour notice.**
- **Any additional failed appointments will be charged a fee of \$50 for a hygiene appointment and/or \$100 *per scheduled hour* for a doctor's appointment.**
- **After two (2) failed appointments, we may require a deposit of up to 100% that will be applied to your appointment in order to reserve any future appointments.**
- **After three (3) failed appointments, you could be dismissed from the practice.**
- **Late arrivals after ten (10) minutes may have to be rescheduled.**
- **Appointments requiring more than 2 hours will require \$100 deposit and will be discussed and collected up front at the time of treatment scheduling.**
- **Our office can be notified of confirmations, cancellations, or reschedule requests 24/7 via phone (voicemail), text, or email. If the office is closed, you can still communicate with us and we will contact you the next business day.**

I have read and understand Westmoore Dental Studio's Appointment Policy.

Patient Signature: _____

Or

Responsible Party Signature: _____ Relation to Patient: _____