



Appointment Cancellation Policy

Unfortunately, due to the high volume of late cancellations and no-shows for appointments, we are required to enforce the following written Appointment Cancellation Policy:

Oldwick Cosmetic & Family Dentistry strives to provide each patient with the highest quality of care, and we make every possible effort to see our patients at their appointed times. We respect the valuable time you have set aside to come to our office to receive the best possible dental care we can provide. 98% of our patients are seen within 5 minutes of their appointed times, although we ask for your understanding in the event of a delay – which may occur due to patients requiring emergency care. Please be assured, if you or your family require emergency care, you will receive the same compassionate standard of care at our office. Our staff will also do their very best to alert you in advance of any foreseeable delays to your appointment. In return, we ask that you respect the time we have reserved for you when you schedule your care with our office. We do our best to accommodate your schedule, and the success of your oral care and maintenance depends on consistent attendance to your scheduled appointments. Cancellations and no-shows for your care may impact your oral health, and decreases our ability to help you and others' scheduling needs. We understand that sometimes life gets in the way of your schedule. In the event that you need to cancel a reserved appointment with our office, we ask for no less than 24 hours notice of cancellations. Cancellations received in less than 24 hours notice, or no-shows, will be subject to the following fees being assessed to your account with our office, per instance:

- **Hygiene & Exams:** \$25.00
- **Specialist:** Consultation - \$30.00 / Treatment - \$100.00
- **Dentist:** Treatment - \$50.00 per hour of reservation

Thank you in advance for your understanding and compliance of our cancellation policy, to assist us in providing the very best care for all our valued patients!

I hereby acknowledge and understand the above policy:

Patient or guardian – print name

Patient or guardian – signature

Date