**Appointment Cancellation Policy**

Patient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(first name, last name)

We understand that unplanned issues can come up and you may need to cancel an appointment. If that happens, we respectfully ask for scheduled appointments to be cancelled at least 48 hours in advance.  
  
Our doctors and our hygienists want to be available for your needs and the needs of all our patients. When appointments are not cancelled at least 48 hours in advance or a patient does not show up for a scheduled appointment, another patient loses an opportunity to be seen. Although we have always had a cancellation policy, circumstances have caused us to enforce a policy of **charging $75 for no-show appointments as well as those cancelled within 48 hours of the appointment time.**  
  
Our goal is to never have to enforce this policy. Thank you for being a valued patient and for your understanding and cooperation as we implement this policy. Reducing Cancellations/No Shows will enable us to run more effectively and better serve the needs of all patients.

I hereby acknowledge the practice’s cancellation policy and requirements to cancel my appointment, if necessary.

(Patient’s signature)

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(Guardian’s signature, if necessary)