

Cancellation Policy

We are very pleased to participate in your dental healthcare, and have set aside time for your appointment. We understand that sometimes it is necessary to cancel or change an appointment. In consideration of the others who need care, we ask that if you are unable to keep an appointment with our office, that you please observe our cancellation policy which follows:

MISSED APPOINTMENTS OR CANCELLATIONS WITHIN 24 HOURS OF APPOINTMENT TIME ARE SUBJECT TO A \$45 CANCELLATION CHARGE.

MISSED APPOINTMENTS OR CANCELLATIONS ON SATURDAYS WITHIN 24 HOURS OF APPOINTMENT TIME ARE SUBJECT TO A \$75 CANCELLATION CHARGE.

We appreciate your understanding and consideration regarding our appointment policy and if you have any questions or concerns, never hesitate to ask us at Pure Dental.

I have read and understand the above mentioned policy.

Patient Signature (Parent or Guardian if Minor)

Date