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No Show or Missed Appointment Office Policy Form

We are so grateful to have you join our family at Atlanta Dentures! We pride ourselves in creating a loving, respectful environment! Part of that care is to respect your time, our time, and all of our patients. As such, great care and planning goes into scheduling a precise time just for you!

When our office books your appointment, we are setting aside a dedicated chair and time slot just for you. We only ask that if you must reschedule your appointment, that you please provide us with at least 24 hour notice. This courtesy makes it possible to give your reserved time slot to another patient who would be more than happy to accept. There is a charge of \$25 per hour for not showing up for scheduled appointments.

**Repeated cancellations or missed appointments will result in loss of future appointment privileges.*

Every patient in our practice receives this unique reservation. When your appointment is made, a time is reserved, your materials are ordered, and we make special arrangements to be ready for your visit. Except for emergency treatment for another patient, you can expect us to be prompt. We, of course, would appreciate the same courtesy from you.

I understand the policy and authorize Atlanta Dentures to assess cancellation and no show fees according to the above outlined policy to the credit card information listed below .

Patient Signature (or person responsible)

Patient Signature (or person responsible)

Date

Credit Card Information: ____ MasterCard ____ Visa ____ American Express ____ Other

Card Number: _____

Expiration: _____

CVC: _____

Zip Code: _____