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Dear Valued Patient:

We have written this letter for you so that we can better communicate and serve you regarding appointment scheduling.

We understand that, at times, you may be unable to keep the appointment which you have reserved for yourself or your family member. In the case of such an event we must insist on 24-hour advanced notice of the cancellation. We have made arrangements to have our phone answered 24 hours a day, 7 days a week to better serve you when you have an emergency and want help immediately, or to cancel your appointment.

This office strives to insure that each patient can have an appointment at the time most convenient for him/her. We also adhere to a strict infection control policy that insures each patient will be treated only with sterile instruments.

Unfortunately at times we have patients not show up for appointments, and do not give us 24-hour cancellation notice. Not only does this prevent another patient from using this time for him/herself, but it also requires that we tear down the treatment room which was prepared in advance, and re-package the instruments and supplies that we prepared for the appointed patient. Valuable time and money are lost when this occurs.

In order to keep our fees at an absolute minimum for everyone, we ask for advanced notice of your cancellation. If we do not receive advanced cancellation notice, we reserve the right to charge a missed appointment fee of **\$50.00** for each scheduled, missed appointment. We will of course take into consideration emergencies and unforeseen circumstances.

Thank you in advance for your courtesy.

Signed:

Patient/Parent/Legal Guardian