



NO SHOW POLICY

Due to the high demand for appointments in our office, we have enacted a new NO SHOW POLICY.

We ask that you show consideration by notifying our office 24 hours in advance if you are unable to keep your appointment. We would like to have the option to offer that appointment to other patients needing to see the dentist.

By signing below you are agreeing that not showing up for your appointment without notice is unacceptable and gives reason to put you on a "Do Not Schedule" list. You would then need to contact your insurance company so they can set you up with a new provider.

You can cancel or reschedule your appointment during business hours by calling 440-327-7950.

Your signature below indicates that you have read this policy, understand it and agree to comply.

Signature: _____ Date_____