

Legacy Dental Care PC

Office Cancellation Policy

In order to serve our patients better we have instituted a cancellation policy. Not showing up for your appointment or cancelling the day of the appointment hurts our business and prevents us from seeing other patients during that allotted time.

If you cannot make it to your scheduled appointment we ask that you contact us **48 hours** in advance to cancel or reschedule. At the very least we need to know by **noon** the day before so we have a chance to schedule another patient who is needing to come into our office. Not showing up for a scheduled appointment can result in the following cancellation fees:

Cleaning Appointments

1st Time - Warning

2nd Time - \$30 Cancellation fee

3rd Time - Require a credit card to hold your appointment. \$50 will be charged if appointment is missed .

Treatment Appointments

1st Time - Warning

2nd Time - \$25 per half hour scheduled

3rd Time - Require a credit card to hold your appointment. \$30 per half hour scheduled will be charged if the appointment is missed.

Please **contact our office to confirm your appointment** at least 24 hours prior to the date. We send out notifications by email, text and/or phone prior to your appointment date and you can contact us back by any of those three methods. We need to know that you are coming in for your appointment so that we do not schedule another individual into that time slot. We reserve the right to schedule another individual into that time slot if you have not confirmed your appointment and have a previous Broken Appointment on your record.

If you are more than 15 minutes late for your appointment, we will work to complete as much treatment as possible during your allotted time. Please try to call and let us know if you are going to be more than 15 minutes late.

We realize that emergencies do occur occasionally. If you truly have an emergency which physically prevents you from making your appointment we will make an exception. Oversleeping and office meetings are not emergencies.

Please sign below to show your understanding of our cancellation policy.

Print Name: _____

Signature: _____ Date: _____