

**PATIENT APPOINTMENT POLICY**  
**DENTAL ASSOCIATES, PC**

Thank you for choosing Dental Associates as your dental health provider. Your oral health is important to us. We value your time and are committed to your appointment time. In order to provide optimal dental care for you, we request that you review our Patient Appointment Policy. Your appointment time is a reservation scheduled just for you. Keeping your scheduled appointment allows us to be partners with you in your dental care.

We truly appreciate your courtesy of giving us a minimum of 24 hours notice if you have a conflict with your appointment and need to schedule for a different day or time. A missed appointment occurs in our office when an appointment is rescheduled without the required 24 hour notice.

It is our philosophy to put our patient first and to make your experience a positive one. Thank you for allowing us to share our appointment policy with you and please let us know if you have any questions.

**Appointment Agreement**

- I acknowledge an appointment is a reservation.
- I agree to provide a minimum of a 24 hour notice if I need to change my appointment for any reason.
- If I change 2 appointments without the required 24 hour notice in a 12 month period, I acknowledge I may be required to pay a deposit at time of scheduling in order to be reappointed.
- If I make a deposit, it will be applied toward my treatment; however, if I fail to keep my appointment the deposit will be applied toward the reserved Doctor's time and will not be refunded.

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Patient Signature (Parent or Legal Guardian)

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Date