



Late and Cancellation Policy

Thank you for trusting your dental needs with the Smile Center Ohio!

We understand the occasional need to reschedule or move appointments. As a courtesy, we ask that you provide us with at least **24hr prior notice to your scheduled consultation appointment**, a **48hr prior notice for any procedural appointment**, and at least **72hr prior notice for any appointment involving IV Sedation**. In order to cancel or reschedule an appointment we ask that you speak with a member of our team directly. Messages left, emails, and text messages will not be accepted as a method of cancellation.

Attending your appointment on time is important to serving your dental needs. We need the appropriate time to perform dental procedures so that your experience is comfortable and pleasant. As a patient, you are our focus during your scheduled appointment time, and we will respect your appointment time. As we do not double-book our schedule, it is important to our other patients that their appointment times be respected as well.

It is for that reason; **all late or broken appointments are subject to a non-refundable late fee. Late or broken consultation appointments will incur a \$25 fee. Late procedural appointments will incur a \$50 fee. Broken procedural appointments will incur a loss of deposit on file. Late is considered 15 minutes after the scheduled visit time. Broken is considered providing less than the required notice when canceling or rescheduling an appointment.**

In very rare occurrences, if a patient's attendance becomes an issue, we reserve the right to dismiss chronically late patients from the practice.

These policies and agreements are here to ensure you receive the best possible treatment. If you have any questions regarding the policy, please don't hesitate to ask.

I _____ hereby acknowledge that I will be charged a fee of \$25 for a late or missed consultation appointment and/or be charged a fee of \$50 for a late procedural appointment. An appointment is considered late if the patient arrives more than 15 minutes after the scheduled visit time. A complete forfeit of my deposit will occur if I provide less than a 48hr notice prior to a scheduled procedural visit, and a 72 hr notice prior to any appointment involving IV Sedation. Late and broken appointment fees must be paid in full before any appointment can be rescheduled.

Signed _____ Date _____

Witnessed _____ Date _____