

2012 Updates

In order to better serve our patients, we would like to know how you would prefer to be contacted by our office regarding your scheduled dental appointments.

Please check ONE *and* provide updated information:

Cell Phone	_____	_____
Home Phone	_____	_____
Text Message	_____	_____
Email	_____	_____

Effective 2012 there will be a broken appointment fee in the amount of \$25.00 assessed on appointments that are canceled or failed without providing the office with the 24 hour notice. This fee will be subject to the discretion of the office.

There will also be a \$35.00 fee on all returned checks.

Signing below signifies that I have read and understand the above changes in office policy.

Signature _____

Date _____