



# Brandon C. Birdwell, DDS

Family and Cosmetic Dentistry

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## Appointment Cancellation Policy

We strive to have timely appointments available to patients that need to be seen quickly. Therefore, ***we need to know as soon as possible if you will be unable to keep your appointment*** so that we may offer that time to someone who has an immediate need. Missed appointments not only create an inconvenience to us and our other patients, but also put a financial burden on our practice when we keep staff and other resources available for appointments that are not kept.

As a result, we regret that we must follow the model commonly used by many other dental practices in the area and establish an Appointment Cancellation Policy, effective June 1, 2006. There will be a **\$25 fee assessed for every appointment missed or cancelled less than 24 hours in advance**, unless there is a reasonable excuse. (Please note that all Monday appointments should be cancelled or rescheduled if necessary by noon on Friday, as our office is not open on Friday afternoons.) ***If you are late for an appointment*** and there is not enough time remaining in the schedule to complete your planned treatment before our next patient is due, we may need to reschedule your appointment. Also, if you have not arrived by your scheduled time and we have another patient waiting, we will go ahead and see the patient who is already here and may need to reschedule your appointment. In both these instances, the cancellation fee may apply.

Certainly emergencies such as illness, etc., do occur and we do not wish to penalize patients for unavoidable situations. However, we do want to discourage repeated abuse of our scheduling process, which is ultimately unfair to those patients who are diligent about keeping their appointments.

If you have any questions at all about this policy, please do not hesitate to ask. We appreciate your business and your understanding of the need for this policy.

***I have read the above information regarding the Appointment Cancellation Policy and agree to its terms.***

Name (please print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_