

## **Appointment Cancellation and No-Show Policy**

MN Dentalcare is privileged to provide dental treatment to our patients. We will work diligently to maintain a high level of personalized service and will strive to accommodate our patient's needs for office visits in a timely manner. This requires careful planning and coordination among many individuals in our office.

We understand that emergencies arise, just as they do for us. However, when a patient fails an appointment or cancels without adequate notice, we cannot use that time to meet the needs of other patients.

We respectfully request your understanding and agreement to our policy as is it stated below.

## Please initial each line and sign on the bottom page Acknowledging and agreeing to our Cancellation/No-Show policy

New Patients	
Reminders will be given in advance of your scheduled appointment. It is your responsibility to provide an updated phone number and email. New patients who fail or cancel initial appointment with less than 24 hours notice will not be rescheduled.	
Established Patients	
•	, we request that 24 hour notice is provided. After two no-show will be on a same day scheduling basis only and will not be
* * *	ions must be made by noon on the preceding Thursday due to ice for us to care for other patient needs.
Patient Printed Name	Today's Date
Patient Signature	Today's Date
Parent/Guardian Signature	 Today's Date