

**Appointment Policy**

**Perfect Smiles Dental Care**

Your appointment is a time that has been set aside exclusively for you with either Dr. or your Hygienist. We understand that your time is valuable to you, but in order to better serve our patients we do require a **TWO DAY NOTICE** for any cancellations or changes to your appointment. Patients may be charged a \$25 cancellation/no show fee if failure to notify the office in a timely manner occurs.

We understand that emergencies do arise. In this circumstance we ask our patients to please contact our office as soon as possible. We appreciate your cooperation, thank you!

I have read and understand the appointment policy.

Please print names below:

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Signature of parent or guardian

Date