

CREATIVE SMILES DENTAL CARE
1905 Convenience Place Phone: (217)355-5165
Champaign, IL 61820 Fax: (217)355-5189

Cancellation & No Show Policy

We strive to render excellent dental care to you and the rest of our patients. In an attempt to be consistent with this, we have an **Appointment Cancellation Policy** that allows us to schedule appointments for all patients. When an appointment is scheduled, that time has been set aside for you and when it is missed, that time cannot be used to treat another patient. We do understand that unplanned issues can come up and you may need to cancel an appointment. If that happens, we respectfully ask for scheduled appointments to be cancelled 24 hours in advance.

Emergencies and unforeseen patient treatment problems may arise, causing schedule changes. Emergencies are unexpected and seem to come at the most inconvenient times. If you have a dental emergency that needs immediate attention, we will always offer to see you as soon as possible. We expect that other patients who might be slightly inconvenienced by this will be understanding of the situation. At some point, they may need the same courtesy too!

Our doctors and hygienists want to be available for your needs and the needs of all our patients. When a patient does not show up for a scheduled appointment, another patient loses an opportunity to be seen. **Also, when a patient shows up late to an appointment, this in turn causes us to run behind, thus affecting the next patient's appointment. Because we want to do our best to see all patients at their appointed times, we may have to reschedule your appointment if you are more than 10 minutes late. Please be mindful of this grace period, and inform us if you're running behind.**

Smile Reminders

When you sign up for smile reminders via text or email you will get a 2 week reminder of your appointment. For this 2 week reminder you do not have to reply back but if you would like to you can. You will also get a 3 day reminder. At this time please reply back yes to confirm you will be coming to your appointment. If you are unable to make it please reply back no and if you want to include a brief message we will receive that. If we do not get a reply to that message within 24 hours we will call you the next day.

If we do not hear from you the day before your appointment we will give you another call. If we don't hear anything by 2pm the night before your appointment, we will be canceling your appointment so we can free that space up for emergencies or other patients.

Thank you for being a valued patient and for your understanding and cooperation as we institute this policy. This policy will enable us to open otherwise unused appointments to better serve the needs of all our patients.

I, _____ (print name), have received a copy of Creative Smiles Dental Care's Appointment Cancellation Policy.

Signature of Patient

Date