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# COHASSET VILLAGE

## DENTISTRY

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*Our team strives to provide quality care to all of our patients. In order to do so, we kindly ask that you respect the following policy regarding your appointments with us:*

**Appointment confirmation:**

Our office will send a reminder and confirmation request to your preferred method of contact prior to your appointment. We ask that you reply as soon as possible once you receive that reminder. If your appointment is not confirmed by **24 hours** prior to its scheduled time, it is no longer guaranteed to you and may be offered to another patient. We regularly update your contact information. However, if a change occurs we ask that you contact our office so we are able to confirm your appointments.

**Cancellation/rescheduling:**

We are happy to accommodate schedule changes with adequate notice. When appointments are cancelled last minute, it limits our ability to care for other patients in need. Therefore, we require **24 hours** notice in the event that you need to reschedule your appointment. If an appointment is missed, cancelled, or rescheduled with less than 24 hours notice, there will be a minimum \$50 charge. This fee increases for longer appointments.

**Late arrivals:**

When a patient arrives late, it impacts every patient who arrives on time after them. If you are running late for your appointment, please call our office right away. If a patient arrives with inadequate time to complete their scheduled procedure (10 minutes late for an appointment less than an hour, 15 minutes late for an hour-long appointment) **without notice**, we will consider their appointment missed and the cancellation fee will be charged.

*In fairness to all patients, this policy is in effect regardless of the reason for cancellation. Thank you for your understanding and cooperation.*

I, \_\_\_\_\_(print name) have read and understand the appointment policy of this practice and agree to its terms. I understand that copies of this policy are available upon request.

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

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