

**NO SHOW, MISSED APPOINTMENT OFFICE POLICY FORM**

When our office books your appointment, we are setting aside a dedicated chair and time slot just for you. We only ask that if you must reschedule your appointment, that you please provide us with at least 24 hours notice. This courtesy makes it possible to give your reserved time slot to another patient who would be more than happy to accept.

**There is a charge of \$75.00 per hour for not showing up for scheduled appointments. These charges are an out of pocket expense and insurance will not cover these charges.**

**\*\*Repeated cancellations or missed appointments will result in loss of future appointment privileges.**

Every patient in our practice receives this unique reservation. When your appointment is made, a time is reserved, your materials are ordered, and we make special arrangements to be ready for your visit. Except for emergency treatment for another patient, you can expect us to be prompt. We, of course, would appreciate the same courtesy from you.

**I have read and understand the NO Show, Missed Appointment Policy**

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Patient Signature

**Credit card appointment reservation form**

Please take notice. The card that is provided below **will be charged** on the day of your scheduled appointment **only** if your appointment is **not** cancelled within the requested 24 hour notice policy.

Card # \_\_\_\_\_

M/C – Visa – Disc – Amex      Expiration Date- \_\_\_\_\_

Name on Card \_\_\_\_\_

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