



Missed Appointment Policy

Amazing Smile Dental Care understands that your time is valuable, and we strive to make sure each patient is comfortable with our time preferences. We ask that you please respect our goal to provide exceptional dental care, and provide us with at least 24 HOURS notice if you are not able to keep your reserved appointment time. We do understand that last minute changes in your schedule may be unavoidable, and we will try to accommodate those changes as best as we can. There will not be a fee applied for the first missed appointment with less than 24 HOURS notice. After the first missed appointment with less than 24 HOURS notice there will be a \$25.00 Missed Appointment Fee.

By signing below, I acknowledge that I have read and understand the policy.

Print Name: _____

Signature: _____

Date: _____

Communication Preferences

Please indicate ALL phone numbers and email addresses that can use to contact you:

Home #: _____

Work #: _____

Cell #: _____

Email: _____

In regards to messages left/emails, you authorize Amazing Smile Dental Care (Please Choose):

_____ To leave messages/send emails regarding your medical conditions, as well as appointment reminders, billing/financial questions and requests to call the office.

_____ To leave messages/send emails ONLY regarding appointment reminders and requests to call the office:

Print Name: _____

Signature: _____ Date: _____