



Eberhardt Dental *Family Dentistry with a Cosmetic Touch!*

August A. Eberhardt, D.M.D.

Alan C. Eberhardt, D.M.D.

I, _____, understand that a 48 hour notice of cancellation must be given for appointments that I have scheduled with the office. If I am unable to do so, I understand that a cancellation fee will be applied to my account.

Current email address: _____

Current Cell Phone Number: _____

Signed,

Date: _____