

Hemet Smiles & Specialists

1001 S. State St Ste B
Hemet, CA 92543
(951) 658-6100

Specialist Cancellation Policy For Endodontics and Oral Surgery

Patient _____

Appointment Date & Time _____

To make sure that every patient gets individual attention from our specialists, we set aside dedicated time for each appointment. If you find it necessary to cancel an appointment, we require that you provide a three (3) days notice before your scheduled appointment. We require a \$100.00 deposit to hold your appointment. If an appropriate notice is not given, you will be forfeiting the deposit of \$100.00.

I have read and understand the cancellation policy.

Patient Signature _____

Date _____