



www.LakewoodRanchSmiles.com

Contact Preferences

How would you like to be contacted?

Phone Call

Preferred Phone Number: _____

Text Message

Preferred Cell Phone Number: _____

E-Mail

Preferred E-Mail Address: _____

Appointment Cancellation Policy

We understand that unplanned issues can come up and you may need to reschedule an appointment. If that happens, we respectfully ask for at least **24 hours** advanced notice.

Our doctors and hygienists are reserving time especially for you. When a patient does not show up for a scheduled appointment, another patient loses an opportunity to be seen. Although we have always had a cancellation policy, circumstances have caused us to enforce a policy of charging for no-show appointments, and those appointments not rescheduled with at least 24 hours advanced notice. **As of July 1, 2014 there will be a fee of \$50.00 per hour assessed if we do not receive a call to reschedule an appointment with 24 hours advanced notice.**

Thank you for being a valued patient and for your understanding and cooperation as we institute this policy. This policy will enable us to open otherwise unused appointments to better serve the needs of all patients.

The Staff of Lakewood Ranch Family & Cosmetic Dentistry

Pt Signature

Date

Shepherd Frenchman, D.M.D. • Michelle Scala, D.M.D.

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