



**ROGERS
PROSTHODONTICS**

Broken Appointment Policy

When you schedule a dental visit with us please make every attempt to make your appointment. This time is set aside specifically for you and no one else. We do not "double book" as many offices do. Prior to your appointment you will receive a phone call to remind you of your appointment. If we are unable to leave a voice message you are still responsible for the reserved appointment time you made with us. So, when cancellations without notice happen – sometimes as little as an hour ahead of time – we feel like we have been stood up for a very important appointment that you made with us. This is not meant to insult any of our patients; however, this type of policy is necessary to ensure the efficient treatment of our patients. We apologize for the necessity of this notice.

Please consider too, the patient who cannot schedule an appointment because we have no availability. We do not like turning away or delaying those who need their dental care to be addressed as soon as possible.

Of course, we understand that true emergencies do occur and we will be as understanding as possible.

We have always had a **2 BUSINESS DAY** cancellation policy and would be grateful if you could please give us at least a **48-hour notice**. Please note our office is closed on Fridays. If you fail to give us advanced notice, fail to show for your confirmed appointment, or you arrive excessively late, then our office reserves the right to enforce our broken appointment policy. **THE BROKEN APPOINTMENT FEE IS \$75 OR MAY BE UP TO THE VALUE OF YOUR APPOINTMENT.**

This may sound harsh, but please understand that if you have 2 or more broken appointments, we reserve the right to release you as a patient and ask that you seek treatment at another dental practice. We will transfer records and do everything we can for you to facilitate a smooth transition for dental care.

By signing below, you have read, and understand this agreement.

Your understanding in this policy is greatly appreciated. Thank you!

Patient Signature: _____

Print Patient Name: _____

Date: _____