



## **NO SHOW POLICY**

Due to the rising demand for appointments in our office, we have enacted a new NO SHOW policy. Please call to cancel or reschedule an appointment 24 hours in advance. We recognize that scheduling conflicts so occur, so please call us as soon as possible if this arises.

1. There will be no penalty for the first cancellation or no show within 24 hours of the appointment.
2. We will inactivate you for the 2<sup>nd</sup> no show as a patient of record and will provide you with access to our practice for 30 days of urgent care until you find another dental home.

Our front office attempts to contact all patients 2-3 days before their appointment. Unfortunately, missed or failed appointments contribute to inefficient scheduling, lost time and higher fees. If there is any change in address or phone number that may complicate contact with you, please inform our office as soon as possible. We are not responsible for missed appointments due to the inability to reach you.

Please understand that these policies are meant to keep our practice running smoothly and efficiently. They also help keep your treatment as affordable as possible and at a higher level of quality. If you have any questions about this policy, please feel free to contact us.

Sincerely Yours,

Pediatric Dental Specialists, PLLC

I acknowledge receipt of the No Show Policy

X \_\_\_\_\_  
Parent/Legal Guardian Signature Date

