KANE & KERPER
FAMILY & COSMETIC DENTISTRY

MISSED APPOINTMENT
AND CANCELLATION POLICY

Our staff makes every effort to schedule your appointments at a time that is convenient for you. We understand you may have job and family obligations and that you may be very busy. We respect your time and will make every effort to see you at your scheduled appointment time. In the same spirit of respecting other's time, we ask that you not cancel appointments unless it is absolutely necessary. Missed appointments are costly and increase the expense of providing care to all of our patients. Therefore, we require at least 2 business days notice to reschedule an appointment. Please be advised that if you miss an appointment or cancel with less than 48 hours notice, you will be charged a cancellation fee.

I certify that I have read and understand the above policy regarding missed/cancelled appointments.

_____ _____
Patient Signature (or parent/guardian) Date

ACKNOWLEDGEMENT OF NOTICE OF PRIVACY PRACTICES
AND DENTAL MATERIALS FACT SHEET

I,_____PATIENT NAME_____, have accepted/declined *(please circle)* a copy of the office's notice of Privacy Practice and Dental Materials Fact Sheet.

_____ _____
Patient Signature (or parent/guardian) Date

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