



CANCELLATION POLICY 2024

To help improve the efficiency and quality of care to all our patients, a cancellation policy has been put in place:

We understand that unexpected situations may arise in your schedule, which is why we will always contact you via various emails, phone calls and texts. Reminder: We are here to listen and help, just reach out and let us know if there is something going on.

- We will be charging **\$75.00** to help discourage **missed and/or late appointment cancellations in the Hygiene Department.**
- We will be charging **\$150.00** to help discourage **missed and/or late appointment cancellations in the Surgical Department.**

This fee will **ONLY** be charged to patients who **DO NOT** provide our office with a **48-hour** prior notice.

This fee **WILL NOT** be reimbursed by your insurance company and **WILL BE** collected prior to your next appointment.

If repeated missed/late cancellations occur, patients will be required to place a card on file to hold their next appointment. If it comes to this, we will provide plenty of notice and the patient will be required to fill out and sign an additional form.

Signature of Patient _____ **Date:** _____

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2023 PRE-MEDICATION MEDICAL RELEASE

To ensure our office is fully prepared for your dental appointment, we continually work to obtain current medical/dental records prior to each of your visit(s). Communication is very important to us, please help us help you by providing your medical information prior to appointment(s).

PRE-MEDICATION:

1. If you are a patient who requires pre-medication prior to dental appointment(s), **you** are responsible for letting us know that information prior to your appointment.
2. We require a pre-medication clearance form from your doctor before your dental visit, which we will send to them. (However, this can take up to a full week to get back to us).
3. Please mark the corresponding box if you have reason(s) to take pre-medication prior to dental visit(s):

Do you take a pre-medication for any of the following:

- Joint Replacement – Orthopedist
- Doctor's name: _____ Phone: _____
- Heart Valve/Surgery – Cardiologist
- Doctor's name: _____ Phone: _____
- Other: _____
- Doctor's name: _____ Phone: _____

BLOOD PRESSURE

If you are a patient who requires blood pressure medication, you are responsible for letting us know that information prior to your appointment(s). A patient who has higher than normal blood pressure reading(s), will be excused from their dental appointment for that day.

A \$75.00 medical cancellation charge will be acquired to cover your appointment on this day.

****We reserve your dental appointment for YOU. Our hygienist and Dr. Dyer are committed to seeing only YOU during that appointed time. ****

Patient signature: _____ Date: _____