

Family Dentistry of Lowell

Dear Patient,

Your dental appointment is *reserved* time with the doctor and/or hygienist. Please read and sign the following:

We ask that *two business days* notice be given for scheduling changes and that any changes for scheduled appointments be made during our business hours by phone. Our office is open Monday, Tuesday, Thursday & Friday (subject to change). Cancellations left on the recorder after hours or communicated by email or text will be considered short notice cancellations.

Initial _____

A short notice cancellation or failing to arrive for your appointment, is subject to a fee of \$25.00 or more. A history of no show or late notice cancellations could result in dismissal from the practice.

Initial _____

Patients are responsible for knowing their appointment dates and times. We send confirmation texts and emails as a *courtesy*. To avoid getting multiple messages, *please confirm promptly*. You will continue to receive messages and calls until the appointment is confirmed.

Initial _____

We respect your time and make every effort to seat you promptly for your appointment. We ask that you show us the same courtesy by being on time. To be fair to the patients after you, If you arrive late for your appointment, we may need to reschedule.

Initial _____

I understand the appointment guidelines for Family Dentistry of Lowell.

(signature)