



## CANCELLATION POLICY

To ensure that each patient gets our attention, we set aside dedicated time for you in our schedule. We remind you of your scheduled appointments via text and email for your convenience. However, if you need to cancel or reschedule, we ask that you call or text our office during business hours.

We understand that unexpected issues can arise, and you may need to cancel an appointment. We respectfully ask you to contact our office for at least two business days. Appointments are in high demand, and your early cancellation will give another patient the possibility to access timely dental care.

Our doctors and hygienists want to be available for your needs and the needs of all our patients. When a patient does not show up for a scheduled appointment, another patient loses an opportunity to be seen. Although we have always had a cancellation policy, circumstances have caused us to enforce a policy of charging for no-show appointments.

Missed appointments and last-minute cancellations affect the schedule of the clinicians and take appointments from others in need. To avoid a late cancellation or no-show fee, you must cancel your appointment during regular business hours at least two business days before your scheduled appointment time. If you fail to do so, a \$50/hour of scheduled appointment time fee will be charged to your account.

By signing this form, I am acknowledging that I fully understand Campbell Dental Group's cancellation policy and accept full financial responsibility for any fee incurred by me due to short-notice cancellation or failed appointment.

Name of Dependents:

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\_\_\_\_\_  
Patient/Guardian Name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Patient/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

### OFFICE USE ONLY

We were unable to obtain the patient's written acknowledgement due to the following reasons:

- Patient refused to sign
- Communication barriers
- Emergency
- Other: \_\_\_\_\_