

Elizabeth Mitchell DDS, llc

CANCELLATION POLICY

By signing below you agree to give our office 24 hour notice for cancellations of any appointments you have made. We understand that circumstances beyond human control do arise, but **habitual** cancellations, no shows, and last minute rescheduling **may result in a fee**. These actions may also prevent you from reserving an appointment time. In the event that this happens you may be seen by walk in status only if space is available.

Time is of the essence!

Due to the nature of the services we provide and high volume patient load, we ask that if you will be late 10 minutes or more, please give our office a courtesy call before your arrival. This will ensure that patients who are on time will not have to wait longer, time and space is available for you to receive treatment, lengthy wait times are avoided, and we stay on schedule.

We want to accommodate all of our patients equally, and provide the highest quality of care and individual attention.

Your signature confirms that you have read and understand our office policies and applicable fees.

Patient Signature

Date

Printed Name