

Eustis Lakeside Dental P.A. Appointment Etiquette Policy

You are a valued patient of Eustis Lakeside Dental P.A., as such we value your time. In order to accommodate all of our patients in a timely fashion we have to maintain our doctor(s) and hygienist(s) schedule(s). We understand that emergencies can arise but clear communication from us and from you will make these situations less impactful to delays in your treatment.

A missed appointment is defined as;

- (1) an appointment that you missed without notifying the office
- (2) an appointment that you provide less than 48-hour notice to cancel or reschedule

We understand situations arise in which patients may need to cancel their appointment. Cancellations or missed appointments result in scheduling conflicts for our patients. Scheduling conflicts lead to treatment delays which can result in patient pain and discomfort. Therefore, if an appointment must be canceled, patients should provide 48 hours' notice.

TAKE NOTE: APPOINTMENTS CANCELLED AFTER HOURS WILL BE CONSIDERED CANCELLED ON THE NEXT BUSSINESS DAY

Appointments cancelled with less than 48 hours' notice will require a reservation fee of **50%** of the scheduled treatment fee in order to make another appointment.

If the patient **attends their next scheduled appointment** the reservation fee **will be applied** to the treatment rendered at the appointment they are scheduled for.

Patients who **do not attend their appointment or cancel/reschedule with less than 48 hour notice will FORFEIT their reservation fee.**

Reservation fees are the sole responsibility of the patient and must be paid in order to reschedule the patient's appointment.

We understand that special unavoidable circumstances may cause you to cancel within 48 hours. Fees in this instance may be waived but only with proper documentation (Doctor's note, Police report, Employer excuse).

We firmly believe in excellent Doctor/Patient relationships which are based on mutual respect and good communication.

Please sign that you understand and agree to this Etiquette Policy.

Print Name (Please Print)

Date of Birth

Signature of Patient or Parent Representative

Date