**Cancellation Policy**

**Attention Patients**

As of November 1st 2013, our office will be enforcing a new policy:

Patients who cancel without a 24 hour notice 2 consecutive times or No Show to their appointments 2 consecutive times will no longer be able to see Dr. Garanzuay

In addition, a **$25 fee** will be charged to your account and will be reported to the credit bureau if not paid. Major treatment scheduled will require **a 10% collection at the time of scheduling**. (See our receptionist for details)

*Our doctor and hygienist want to be available for your needs and the needs of ALL our patients. When you cancel or don’t show up another patient loses an opportunity to be seen and postpones an appointment for patients that have a tooth emergency. This if unfair to patients who are in need of dental work and could have used your appointment time. Please be respectful of the time our doctor and hygienist have reserved for you.*

Thank you for being a valued patient and for your understanding and cooperation as we institute this policy. This policy will enable us to open otherwise unused appointment to better serve the needs of all patients.

Thank you!

This is a copy of the cancellation policy posted at our office. By signing this document I agree to the policy and understand my responsibilities. I certify that all my questions have been answered to my satisfaction.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_