

Dental Delights PC

Appointment Reservation & Cancellation Policy Acknowledgment

To provide exceptional, personalized care to every patient, our office reserves clinical time exclusively for each scheduled appointment. Because this time is specifically allocated for you, we require advance notice for any scheduling changes.

48 Business Hours' Notice Required

Appointments must be cancelled or rescheduled at least 48 business hours in advance. Failure to provide proper notice or failure to appear for a scheduled appointment constitutes a missed appointment.

Three-Strike Policy

Strike 1: Courtesy reminder of our policy.

Strike 2: Cancellation fee of \$100 for hygiene appointments and \$250+ for doctor or extended appointments. Future scheduling may require a credit card on file.

Strike 3: Possible dismissal from the practice in accordance with Massachusetts regulations.

Cancellation fees are not covered by insurance and are the patient's responsibility. Exceptions may be made at the discretion of the doctor for documented medical or family emergencies.

By signing below, I acknowledge that I have read, understand, and agree to the Appointment Reservation & Cancellation Policy of Dental Delights PC.

Patient Name (Print): _____

Signature: _____

Date: _____

Parent/Guardian (if minor): _____