



ROCHELLE

FAMILY DENTISTRY

APPOINTMENT POLICY

Our appointments are scheduled to respect your time. We reserve a specific time for you or your child's care and we make every effort to see you at that appointed time. We appreciate your promptness and consideration in not changing your scheduled time. However, if you do need to change an appointment, **a 48 hour notice is expected.**

Due to our busy schedule if you are **more than 15 minutes** late for your appointment, we will have to reschedule for a later date.

If an appointment is missed **2 times** without any notice given to our office, we will be unable to make another appointment for the patient. **Patients who miss 2 appointed times will be dismissed from our office permanently.**

Patient name (Print): _____

Patient signature: _____

Guardian/Parent signature: _____

Date: _____