

# Smile Shapers Dental

## *Appointment Policy*

We require at least 24 hour notice, to make changes to a scheduled appointment. Appointment changes without 24 hours prior notice are subject to a \$40 fee. As a courtesy to our patients we confirm appointments 1-2 days prior to your appointment. To assist us in this, please give us a phone number where you can best be reached.....

Home # (     ) \_\_\_\_\_  
Cell # (     ) \_\_\_\_\_  
Work # (     ) \_\_\_\_\_  
Email \_\_\_\_\_

Please come financially prepared to each appointment. Co-payment is due at date of service.

If you are required by your physician to be pre-medicated prior to dental treatments, please be sure the antibiotic is taken 1 hour prior to your scheduled appointments.

*I understand the above stated Smile Shapers policy. In addition I understand that repeated failures to keep appointments without sufficient notice can lead to termination of Doctor-Patient relationship.*

X \_\_\_\_\_  
Signature of Patient

\_\_\_\_\_  
Date