***MISSED APPOINTMENT AGREEMENT***

***FOR***

***GREG A. PERRY DDS AND ASSOCIATES***

***FAMILY DENTAL CARE***

We make every effort to value your time and we schedule your appointment time just for you.

We truly appreciate your courtesy of giving us 48 hours notice if you have a conflict with your appointment and need to schedule a different day or time. We are committed to your oral health and keeping your scheduled appointments allows us to be partners in your dental care.

We will not charge for your first missed appointment. However, after two missed appointments in a 12 month span, you will be required to prepay when scheduling the next appointment. If you keep the appointment the deposit will be applied towards treatment. However, if you fail to keep the appointment a second time, the prepayment will be forfeited.

It is our philosophy to continue to put our patients first and to make your experience a positive one. Please let us know if you have any questions.

**Appointment Agreement:**

* I acknowledge an appointment is a reservation. Initials \_\_\_\_\_\_\_
* I agree to provide a minimum of 48 hours notice if I need to change my appointment for any reason. Initials \_\_\_\_\_\_\_
* If I change 2 appointments without the required 48 hours notice in a 12 month span, I acknowledge I will be asked to prepay at the time of scheduling in order to be appointed. Initials \_\_\_\_\_\_\_

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***Patient Signature Date***