

Cancellation / No Show Policy

Thank you for choosing our office to provide for you dental needs. Successful dental care depends not only on our skill as your dentist, but also the commitment, attendance and effort of you the patient as well! At our dental practice we have always prided ourselves on working with our patients in a timely manner so that the treatment process has the most minimal impact in our patient's precious time. In addition, your timely attendance is important to facilitate short wait time and optimal patient flow.

The staffs at our dental office are committed to accommodating your scheduling needs. In return, our office expects a 24 hours notice prior to rescheduling or canceling an appointment. Any appointment cancelled or rescheduled without a 24 hour notice will be assessed a \$50.00 fee per hour. This fee will also apply to any appointments, which a patient fails to attend or call. Our office has set this time aside to accommodate your requested schedule and without the proper notice we are unable to provide the opportunity to another patient who may have requested the same time.

Thank you for your understanding.

Sincerely

A handwritten signature in black ink, appearing to read "David H.K. Iran", written over a horizontal line.

David H.K. Iran, DDS

I have read the cancellation policy and understand that I will be responsible to pay a cancellation/no show fee as indicated above.

Patient Signature: _____ Date: _____