

## **Sample Dental Appointment Agreement**

It is important for patients to keep their dental appointments.

### ***Rescheduling Appointments***

We understand that you may sometimes need to reschedule appointments. If you need to reschedule, please call the clinic as soon as you know that you will not be able to keep the appointment. Call at least 24 hours in advance.

### ***Missed Appointments***

If you miss an appointment or cancel it with less than 24 hours' notice, a missed appointment will be recorded in your record. If you are more than 10 minutes late for an appointment, a missed appointment will also be recorded in your record. Your appointment may have to be rescheduled if there is not enough time to complete your procedure. Missed appointments result in lost time that could have been used to provide care to other patients.

If you have two missed appointments during the past 6 months, you will not be able to make an appointment for a period of 6 months from the date of the second missed appointment, unless it is an emergency.

I understand the dental appointment agreement and agree to follow the terms of the policy.

---

Patient Name (please print)

Date

---

Patient or Guardian Signature