

Cancellation, No Show and Late Arrival Policy

Platt Dental Studio wants to make sure that you and the other area residents have access to high-quality dental care when you need it. To ensure maximum access to dental services for all of our patients, please be aware of the following appointment policy:

Cancelled Appointments: If you cannot keep your scheduled appointment, you must call us at least 24 hours in advance to cancel/reschedule. This allows us enough time to offer your appointment to another patient. Same day cancellations will count as a missed appointment.

Missed Appointments: Missed appointments will be documented in your dental record. If you miss more than two dental appointments within a six-month period, you must wait six months before you can make further routine care appointments. You may be seen for routine care on a time available, walk-in basis only, but must realize that appointed patients and emergencies will take priority. You will be allowed to make emergency appointments at any time. Once you reach 6 months of no missed appointments, your account will be clean and you can begin making appointments.

Late Arrivals: If you arrive more than 15 minutes late for your scheduled appointment you will be given one of the following options:

- You may reschedule the appointment
- Wait for a same-day opening in the schedule, that will permit the scheduled work to be completed
- If possible, a portion of the scheduled work will be completed during the remaining appointment time

New Patients: Any missed appointments for new patients must wait 3 months prior to making a new appointment.

If you cancel your appointment within 24 hours or no-show, your account will be charged a cancellation fee of \$50.

Patients will be allowed to make emergency appointments during this time. You may be seen for routine care on a time available, walk-in basis only, but must realize that appointed patients and emergencies will take priority. Any no show that is documented may be discussed further with the Dental Administrative Supervisor if you feel your “no show” was unavoidable. If you have any questions about the Cancellation, No Show and Late Arrival Policy, please speak with any of the dental staff. I understand and agree to abide by this cancellation, No Show and Late Arrival Policy.

Patient Name _____ Date _____

Patient Signature _____ Date _____

Parent/Guardian Name (for patients under 18 years of age) _____

Parent/Guardian Signature (for patients under 18 years of age) _____