



PATIENT APPOINTMENT AGREEMENT

We make every effort to value your time and 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.

- I acknowledge my appointment is a reservation
- I acknowledge I am required to provide 48 hours notice to make any changes to my appointment
- I acknowledge that if I am more than 10 minutes late Sierra Smiles reserves the right to re-schedule my appointment.
- I acknowledge after 2 missed appointments within 13 months in which I do not provide 48 hours notice, I will be required to place a \$100 deposit (for restorative work) or \$50 (for hygiene) in order to reserve my next appointment. This deposit will be held by Sierra Smiles if the appointment is missed or cancelled within 48 hrs.
- If there is a 3rd missed appointment within 13 months, I will need to pre-pay for the next appointment in full in order for Sierra Smiles to reserve that time for you. That prepayment will be held by Sierra Smiles if the appointment is missed or cancelled within 48 hrs.

Patient Signature

Date _____