

48 hour Cancellation and No-Show Policy



Office hours are by appointment and we do value your time. This office is a private practice dental office and not a dental "clinic." Appointment time is **reserved for you alone**. Where appropriate, we prefer to schedule longer appointments so we can complete as much needed dental treatment as possible during one appointment. We feel this type of scheduling will cause minimal disruption to your daily schedule and will provide efficiency in completing your dental care. When you make an appointment, please be sure that you will be able to keep it.

Emergencies and unforeseen patient treatment problems may arise, causing schedule changes. Emergencies are unexpected and seem to come at the most inconvenient times. If you have a dental emergency that needs immediate attention, we will always offer to see you at once. We expect that other patients who might be slightly inconvenienced by this will understand the situation. At some point, they may need the same courtesy too.

Like many offices, this office takes many steps to confirm your appointment. We will call you a month prior to your appointment, a week before, two days before, and you will receive emails/text messages. Please make a note of any dental appointments we have scheduled in a place where you will be easily reminded. **If you cannot make an appointment as scheduled, please notify the office. There will be a charge of \$50 per 1 hour of scheduled time for broken hygiene appointments or \$100 per 1 hour of scheduled time for appointments with Dr. Johnston if the appointment is cancelled with less than 48 hours notice for your appointment.**

When scheduling an appointment I understand I must put a credit card on file to reserve my appointment time. I understand my card will not be processed, unless the appointment is cancelled/missed without the proper notice.

By signing this form you are acknowledging that you understand and are in agreement with our policy regarding cancellations and no showing to appointments. By signing this form you also give Ascent Dental Group permission to run your credit card for missed appointments. If you have any questions about our appointment cancellation and no-show policy, please feel free to ask us.

Please indicate below the form/s of communication that you would prefer to receive regarding your appointment:

-Text Message

-Phone Call the day before

-Email

-To Cell- To Home -To Work

Signature: _____ Print Name/Date: _____

Credit Card: _____ Exp: _____

CVC: _____ Zip: _____