

## Prairie Trails Family Dental

100 E South Steet

PO Box 284

Corydon, IA 50060

641-872-2514

### **Appointment cancellation Policy**

We strive to render excellent dental care to you and the rest of our patients. We respect your time and make every effort to keep you from waiting. In an attempt to be consistent with this, we have an **Appointment Cancellation Policy** that allows us to schedule appointments for all patients. Your appointment is reserved exclusively for you.

We require that you give our office a **24 hours' notice** in the event that you need to reschedule your appointment. Our office is defining 24 hours' notice as contacting the office by 9:00AM one (1) working day in advance. This allows for other patients to be scheduled into that appointment.

A 'no show' appointment occurs, when a patient misses an appointment without canceling by 9:00AM one (1) working day in advance. No shows inconvenience patients who need access to dental care in a timely manner. **Last minute/late arrivals/late cancellations are considered broken appointments.**

**Patients are only allowed to TWO broken appointments in a 12-month time period.** Two broken appointments in a 12-month time period will result in dismissal from our practice. Patients may be seen for 30 days from the date of dismissal for emergency treatments only. If a patient is dismissed from our practice due to broken appointments, the patient's records will be available for release following a signed request by the patient.

### **How to Cancel Your Appointment**

To cancel an appointment, please call our office at 641-872-2514 to speak with office representative. If you are unable to reach an office representative, please leave a detailed message on our office voicemail.

**I have read and understand the Appointment Cancellation Policy of Prairie Trails Family Dental. I agree to be bound by its terms. I also understand and agree that such terms may be amended from time to time by the practice.**

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature of Patient(Patient's Guardian)

\_\_\_\_\_  
Date