



MICHAEL FERNANDEZ

FAMILY DENTISTRY

a Division of Atlantic Dental Care, PLC

CANCELLATION/MISSED APPOINTMENT POLICY

Scheduled appointment times are reserved especially for you. We make every effort to accommodate your scheduling needs. In return, we need to be informed if you are unable to keep your appointment within **24 to 48** hours. This will allow us the appropriate time to have another patient take your appointment time.

If we are notified less than **24** hours in advance, a missed appointment fee will be charged to you. The amount of the fee depends on the type of visit scheduled. The fees are as follows:

\$35.00 fee for hygiene appointments

\$50.00 per hour treatment scheduled with Dr. Fernandez or Dr. Cox

Thank you for your assistance in complying with our policy.

I, _____, have read and understand this policy:

Patient or Legal Guardian Signature

Date