Michael Fernandez Family Dentistry

A Division of Atlantic Dental Care, PLC 520 S. Independence Blvd. Suite 102 Virginia Beach, VA 23452

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 at least **1 business day** ahead of time. This will allow us the appropriate time to have another patient take your appointment time.

If we are notified less than **1 business day** in advance, a missed appointment fee of **\$50 per hour** will be charged to you.

Thank you for your assistance i	n complying with our policy.	
I,,	, have read and understand this policy:	
Patient or Legal Guardian Sig	gnature Date	