

**COSMETIC DENTISTRY
OF NAPA
DR. CECIL LAMBERTON DDS**

Appointment Cancellation Policy

We strive to render excellent dental care to you and the rest of our patients. In an attempt to be consistent with this, we have enacted an **Appointment Cancellation Policy** for all patients. When an appointment is scheduled, that time has been set aside for you and when it is missed, that time cannot be used to treat other patients. Our policy is as follows: We require that you give our office **48 hours notice** in the event that you need to reschedule your appointment. For **Monday appointments** we will need notification by 5pm Thursday as we are closed Friday-Sunday. This allows for other patients to be scheduled into that appointment.

If you miss an appointment without contacting our office within the required time, this is considered a missed appointment. A fee of **\$70** will be charged to you for hygiene visits and **\$150** for visits with Dr. Lamberton; this fee cannot be billed to your insurance company and will be your direct responsibility. No future appointments can be scheduled nor can records be transferred without the payment of this fee. Additionally, if a patient is more than 20 minutes late without prior notice for a scheduled appointment, we will consider this a missed appointment and the **\$70 or \$150** cancellation fee will be charged. If you have any questions regarding this policy, please let our team know and we will be glad to clarify any questions you have. We thank you for your patronage.

I, _____ (print name), have read and understand the Appointment Cancellation Policy of Cosmetic Dentistry of Napa and 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.

Signature Patient: _____

Date: _____