**Office**

**Scheduling Policy**

**V12.08.09**

**Office Scheduling Policy**

Please note the scheduling guidelines for our pediatric dental office. We request that you cancel or reschedule any appointment **AT LEAST 24 HOURS PRIOR TO YOUR APPOINTMENT**. If your child or family misses a second appointment your child and family may be dismissed from our office. If you arrive over 15 minutes late to your child’s appointment you maybe asked to reschedule as the delay affects not only the physician, but other patients scheduled after you. You are required to bring the patients most current insurance card to **every** appointment.

Parent’s signature

Insured signature

Witness

Date