

R. Bryan Carlin, D.M.D.

**500 Lentz Dr., Ste. 80
Madison, TN 37115
(615) 868-3026**

Date: _____

(Name) _____, I understand that Dr. Carlin's office has a broken appointment policy.

This policy states that I will be charged \$25.00 for every broken or missed appointment unless I call the day before my scheduled appointment to cancel or reschedule.

I understand that if I call the day of the appointment to cancel or reschedule there will be a charge of \$25.00. I understand that I will be financially responsible for this charge.

I understand as long as I call the office at 615-868-3026 the day before my appointment that I will not be charged

Signed: _____

Date: _____