

NEW SMILE DENTISTRY

11010 Foothill Blvd. Ste. 120
Rancho Cucamonga, CA 91730
Phone: (909) 481-8881
Fax: (909) 481-7722

NOTICE OF BROKEN APPOINTMENT POLICY

I, _____, acknowledge that I have been informed of New Smile Dentistry's policy regarding broken appointments. I have been given the information regarding the details of this policy and I have been given the opportunity to discuss and ask any questions or concerns regarding this policy. I understand that a \$25.00 broken appointment fee will be charged for each patient who has broken a scheduled appointment without giving New Smile Dentistry a 24 hour cancellation notice. I understand that if my appointment was on a Saturday a \$50.00 broken appointment fee will be charged. I acknowledge and consent to this policy.

Signature of Patient or Parent of Minor

Date

Printed name of Patient