



## CANCELLATION POLICY

Schultz Family Dentistry is committed to providing quality care in a timely manner for all our patients. If you are unable to keep your scheduled appointment, we kindly ask you give a **24 HOUR ADVANCE NOTICE**.

If less than a 24-hr notice is given, a **\$25 FEE PER SCHEDULED HOUR** will be applied to your account per appointment.

By signing below, I acknowledge that I have read and understand the cancellation policy.

Patient/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

OR

Responsible Party's Signature: \_\_\_\_\_ Date: \_\_\_\_\_