

Lisa Daft, D.M.D. and Associates

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Broken/Missed Appointment Policy

Our practice emphasizes personalized attention and care for each patient. To accomplish this we do not "double book" or rush care. When you reserve time with your hygienist or doctor and do not show, we are often unable to fill that appointment. This denies other patients of this valuable time slot to receive critical care and maintain their health.

We ask that if you need to change an appointment, please give us the courtesy of at least one business day notice. If you fail to keep your appointment, the office reserves the right to charge a missed appointment fee of approximately \$25.00 per half hour booked.

As a courtesy, we confirm appointments via text, email and phone. Please confirm your schedule at that time and call immediately if there is any conflict.

*

☐ By checking this box, I acknowledge that I have read this statement and agree to the contents.

ACKNOWLEDGEMENT OF RECEIPT OF BROKEN/MISSED APPOINTMENT POLICY

Patient Name: _____
Last First MI Preferred Name

Signature _____ Date _____

For office use only:

We attempted to obtain written acknowledgement of receipt of our Broken/Missed Policy, but acknowledgement could not be obtained because:

☐ Individual refused to sign

☐ Communications barriers prohibited obtaining the acknowledgement

☐ Other (Please Specify Below)

Response Date: _____