



Ivry Dental - Alpharetta
Comprehensive and Cosmetic Care
6195 Windward Pkwy Suite 108
Alpharetta, GA 30005

Appointment & Cancellation Policy

Our goal is to provide every patient with attentive, unrushed care. In order to respect the time of both our patients and our team, we ask that you review the following policy.

Appointment Reservations

When you schedule an appointment, that time is set aside specifically for you. We prepare in advance for your visit, including clinical setup, staffing, and coordination of care.

Cancellation & Rescheduling

We kindly request at least 48 business hours' notice if you need to cancel or reschedule your appointment.

This allows us the opportunity to offer the reserved time to another patient in need of care.

Short-Notice Cancellations

Appointments cancelled with less than 48 business hours' notice may be subject to an \$80 cancellation fee.

Missed Appointments (No-Show)

Failure to arrive for a scheduled appointment without prior notice may result in a missed appointment fee consistent with the above amounts.

Repeated missed appointments may require:

- A deposit to reserve future appointments
- Same-day scheduling only
- Or reassessment of scheduling privileges

Late Arrivals

We understand that unexpected delays can happen. Ivry Dental offers a 15-minute grace period for scheduled appointments.

If a patient arrives more than 15 minutes late, we may need to reschedule the appointment in order to preserve the quality of care and remain on schedule for other patients.

Dr. Daniela Alvarez, DMD - Ivry Dental
(770)744-3839

In certain cases, late arrivals may result in:

- Shortening of the appointment when clinically appropriate
- Or rescheduling to a later date

Repeated late arrivals may require a deposit to reserve future appointments.

Deposits for Larger Procedures

Appointments involving significant doctor time (crowns, implants, cosmetic treatment, etc.) may require a deposit at the time of scheduling.

Deposits are applied toward treatment and may be forfeited if cancellation occurs without adequate notice.

Our Commitment to You

We understand that unexpected situations arise. Our intention is not to be punitive, but to ensure fairness and availability for all patients.

We value communication and are always willing to work with you when circumstances are unavoidable.

Patient Acknowledgment

I have read and understand the Ivry Dental Appointment & Cancellation Policy and agree to the terms outlined above.

Signature: _____

Date: _____

Printed Name: _____