

CANCELED OR MISSED APPOINTMENTS POLICY

A fee of **\$100** will be charged if any appointment with Dr. Shirani's dental office is broken within **24 hours** of the actual appointment or failed altogether.

I understand the **\$100** is a **minimal fee** and multiple broken or failed appointments may result in the full fee of the appointment.

I am responsible for remembering appointments that I make.

I understand emergencies arise and are taken into consideration, but I must still contact the office as soon as possible if the appointment can not be kept.

Appointment Confirmations

All dental appointments will be confirmed through text, e-mail, or phone. Please make sure that you keep all contact information up to date. Please follow the response instructions given in your text, e-mail, or phone message. Confirming your appointment is a guarantee for that time slot.

By signing below I am stating that I read and understand the above paragraphs under **Canceled or Missed Appointments Policy** and **Appointment Confirmation**.

Patient Name

E-mail

Phone

(Patient or Guardian signature)

(Date)

(Patient or Guardian signature)

(Date)