



3316 Highway 5 N., Suite 1 • Bryant, AR 72019 • 501.778.9222

## Appointment Policy Acknowledgement

Thank you for choosing our office to serve you with your dental needs. We strive to see our patients in a timely manner for each and every appointment. In addition, we want to be available to our patients when they have a dental emergency.

In order to achieve these goals, it is imperative that we receive at least 24 hours notice for appointment changes. If multiple appointment changes are made, less than 24 hours prior to the scheduled appointment, we may no longer be able to reserve a time for you on our schedule without an appointment reservation fee. \_\_\_\_\_ Initial Here

Please list the best ways to reach you regarding your reserved appointments:

\_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Text? Yes or No (circle)

\_\_\_\_\_ Home Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_ Work Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_, ext \_\_\_\_\_

\_\_\_\_\_ Other Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_, please specify \_\_\_\_\_

\_\_\_\_\_ Email Address \_\_\_\_\_

Late Arrivals- Late arrivals are handled on a case-by-case-basis. It is vital that you are in our office, ready for your appointment at you reserved appointment time. Late arrivals may result in your appointment being rescheduled so we may see the rest of the day's scheduled patients on time.

Statement of Acknowledgement: I acknowledge that I have read and understand the above policy.

\_\_\_\_\_  
Printed Name of Parent/Patient

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature