



BALFOUR DENTAL
CENTER FOR COMPLETE DENTISTRY
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APPOINTMENT AGREEMENT

We make every effort to value your time and we schedule your appointment time just for you.

We truly appreciate your courtesy of giving us 48 hours' notice if you have a conflict with your appointment and need to schedule a different day or time. We are committed to your oral health and keeping your scheduled appointments allows us to be partners in your dental care.

We will not charge for your first and second missed appointments. However, after the second missed appointment, you will be required to make a \$75 deposit when scheduling an appointment. If you keep the appointment the deposit will be applied towards treatment. However, if you fail to keep the appointment third time, the deposit will be forfeited.

It is our philosophy to continue to put our patients first and to make your experience a positive one. Thank you for allowing us to share our appointment policy with you. Please let us know if you have any questions.

As a courtesy, we send out 3-4 reminders depending on the type of appointment in the form of texts, emails or phone calls.

21 Days Prior – For cleaning appointments, a Text or an Email reminder is sent. This is your first opportunity to reschedule or cancel your appointment.

5 Days Prior - Another text or email reminder is sent allowing you to confirm the appointment. If you are unable to keep this appointment please contact the office immediately.

3 Days Prior – A text or email is sent as your last opportunity to confirm an appointment. You will not receive this reminder if you have already confirmed the appointment. If you are unable to keep this appointment it is imperative that you confirm or contact the office to cancel or reschedule.

2 Hours Prior – You will receive a text reminder for your appointment so that you are not late for the appointment.

Appointment Agreement

- I acknowledge an appointment is a reservation.
- I acknowledge I will be asked for a deposit at time of scheduling in order to be appointed.
- I agree to provide a minimum of 48 hours notice if I need to change my appointment for any reason.
- I understand that the deposit will be applied to my treatment. If I miss the appointment after placing the deposit or fail to provide 48 hours to make changes to the appointment, I will forfeit the deposit.

Patient Signature

Date