



Dear Patient,

When you reserve time in our schedule, we are committed to seeing you in a timely manner in order to provide the treatment you desire. Because this time has been reserved for you, it is not available to other patients. Consequently, if you do not honor that time, not only have you lost an opportunity to receive your treatment but our other patients have also lost theirs. This can also delay your next appointment.

I, \_\_\_\_\_, understand that it is the policy of

Brite Dental to assess a \$100 per hour fee to all appointments that are missed without a 48 hour cancellation notice.

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Patient signature

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Date