



J. Brant Darby, DDS
Easte Warnick, DDS
4200 Lake Otis Parkway, Suite 102
Anchorage, AK 99508
P: (907) 562-1003 F: (907) 562-1006
www.anchoragepediatricdentistry.com

Commitment to Appointment Policy

An appointment written in our schedule, with your child's name on it, is a bond of trust that we will be here to serve you and that you will be present and on time for that reserved appointment. For all of us, time is important and we do our best to ensure that you are seen promptly. Specializing in small children, as we do, there are no guarantees. We appreciate your patience. Please be assured that your child will also receive the same extra attention if necessary.

As a courtesy to our patients, our staff attempts to confirm appointments one day prior to your reserved appointment time. However, once you have made an appointment, remembering and keeping the appointment date and time is your responsibility. Confirmation is simply a courtesy to you. No charge will be made for canceled or rescheduled appointments provided that *two working days'* notice is given.

A Canceled, Rescheduled, or Failed Appointment Affects:

- ❖ **The Health of your Child's Teeth:** A diagnosed treatment can change dramatically if the time between the exam and treatment is extended beyond our normal scheduling time span.
- ❖ **The Cost of Treatment:** In addition to higher treatment cost due to an increase of treatment needs, our costs increase if a scheduled appointment is missed. Please understand that the overhead costs for our staff and our facility continue regardless of whether or not we are caring for patients. *Ultimately, these expenses show up in the cost of dentistry for everyone.*

Therefore, our office policy in this regard is extremely firm. Please be present for all your scheduled appointments on time. Remember that if you need to reschedule, please contact us during office hours at least *two working days'* prior to your scheduled appointment. In the event that you have two failed or late cancellations of an appointment in a 6 month period of time your family will be dismissed from our practice.

Your understanding and compliance is appreciated and will help us to keep the cost and scheduling of your dental care under control.

By signing this document I acknowledge that I have read and understand this policy.

Signature: _____ **Date:** _____

Print: _____