

Broken Appointment Policy

Dear Parents/Guardians,

To ensure the quality of service and provide efficient patient scheduling for you and all of our patients we have instilled a broken appointment policy. A broken appointment (a missed dental appointment without prior notification) not only causes undue hardships for my employees but also leaves a space in our appointment schedule that could be filled by a child with significant and urgent dental needs.

For every appointment missed without prior notification, you will incur a charge of \$50.00 (one charge per family). This fee must be paid prior to your next appointment.

I truly value you and your family as well as the trust that you have given me. All I ask, is that you give us a call if you can't make your appointment. I would like you to sign below and return this to our front office staff.

Mahalo,

Dean Sueda, DDS

From this day forward, I understand and agree to the terms stated above.

Print Your Name _____

Your Signature _____

Today's Date _____