Columbia Family Dentistry

Patient Appointment Policies

We at Columbia Family Dentistry believe that the best relationships are based on mutual respect. We believe both your time and our time are valuable and should be respected. We strive to keep our schedule organized and on time in order to minimize wait time, while maximizing your time here. We therefore ask that you read and agree to the below patient policies.

**CANCELLATIONS**: **Columbia Family Dentistry requires 24 hour notice of any cancellations.** Cancellations without 24 hour notice of appointment may be considered a failure. We are aware and understand that emergencies do arise and we will review on a “case by case” basis.

**FAILURES: Listed below is the failure policy.**

 NEW PATIENT FIRST APPT FAILED

APPT. WILL NOT BE RESCHEDULED

FIRST FAILED APPT (within twelve month period)

 Appointment will be rescheduled

 SECOND FAILED APPT (within twelve month period)

 Patient will be dismissed from practice and will need to find alternate dental care

**APPOINTMENT TIMES**:

We grant a ten minute grace period to arrive to your appointment. AFTER TEN MINUTES, you may be asked to reschedule your apt., based on the schedule time available and the reason for the delay. We strive to stay on schedule, so as not to waste your time, and we appreciate the same for our time.

**\*APPOINTMENT CONFIRMATION\*:**

**Columbia Family Dentistry office policy requires that you confirm your appointment by 2pm the day before scheduled appointment. Our office sends text, email and phone confirmations as to which you may respond to confirm your appointment. Unfortunately, if we do not receive a confirmation, the scheduled appt. will be cancelled.**

Please feel free to leave a message at 931-840-8890 if our office is closed, or email our office at info@columbiafamilydentistry.com. Your signature merely represents a good faith agreement between our patients and Columbia Family Dentistry.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Patient Name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_