



GATE CITY D E N T A L

APPOINTMENT AGREEMENT

At Gate City Dental, we understand that your time is very valuable. We are constantly striving to ensure that your experience here with us is pleasant and exceeds your expectations. Trying to accommodate every patient's individual needs coupled with everyone's work schedules can be challenging. We make every effort to stay on time and be efficient so that our patients will not have to wait unnecessarily or experience delays. Your appointment with us is a commitment. This time is set aside specifically for you.

We require a **minimum notice of twenty-four (24) business hours**, so we can assist other patients with their dental needs. If our office is not notified prior to the twenty-four (24) business hour window preceding the appointment, you will be charged a **\$25 broken appointment fee for cleanings/exams** and a **\$50 broken appointment fee for restorative appointments (crowns, etc.)**.

If any patient accrues more than 3 broken appointments in a twelve (12) month period, Gate City Dental reserves the right to release that patient from care and be dismissed from the practice.

By signing below, I agree to fulfill my obligation as a patient at Gate City Dental and I agree to the "Broken Appointment Fee" should I not give proper notification.

Signature of Patient or Responsible Party

Date