

1 800 DR CORBIN
(718) 631-7051

204-17 35th Avenue
Bayside, New York 11361

Cancellation and No-Show policy
for Hygiene Appointments

There are many times that our patients require urgent or emergency treatment and therefore require an appointment as soon as possible. When patients give our office advance notice of their need to cancel a scheduled appointment, this time can then in turn be allocated to these patients in urgent need of treatment. In this way, our office can best serve the needs of ALL of our patients.

Bearing this in mind, our office requires notice **of cancellation within 2 business days** if an appointment must be canceled, **3 business days** would be preferable. We do have an answering machine for your convenience so that a message may be left if an emergency comes up. Please be advised that if in the event that no notice is given and the patient does not show up for a scheduled appointment, then **a \$90.00 fee will be assessed**. We do our best to remind our patients of their appointments, but it is ultimately your responsibility to remember your appointment. Please note that this fee is not covered by dental insurance and is the patient's responsibility.

By signing below you are acknowledging the policy stated above

Thank you for your cooperation,

X _____
Print Name

X _____
Date

X _____
Signature

Effective May 1st, 2007