



Virginia Family Dentistry

A TEAM APPROACH TO DENTAL CARE

Cancellation Policy

We are very pleased to participate in your dental health care, and have set aside time for your appointment. We understand that sometimes it is necessary to cancel or change an appointment. In consideration of others who need care, we ask that if you are unable to keep an appointment with our office, that you please observe our cancellation policy which follows:

Our office requires at least 24 hours notice for all appointment cancellations. **If you are unable to provide 24 hours notice, you will be billed a \$45.00 charge for each scheduled appointment time.**

For our records, please sign below that you have been notified and understand our cancellation policy.

Patient Name (Please Print): _____

Patient (or Parent) Signature: _____

Date: _____