CRYSTAL COAST DENTISTRY
JEFFREY H. SCOTT, DDS[PA]

Patient Name: _____

Our Cancellation & No Show Policy

Crystal Coast Dentistry is aware of the value of your time. We are proud of the fact that we do not "double book" our patients, YOUR appointment time is reserved especially for YOU. In order for us to continue to provide you appointment times that are not double booked, we have implemented the following policies and procedures

- We ask that you kindly give 24 hours notice if you are unable to keep an appointment time which is reserved for you. Failure to give a 24 hours notice will result in a $25 cancellation fee.
- After 2 "failed appointments" (or appointments rescheduled which we did not have at least 24 hours notice), we will require a $50 reschedule fee to schedule any more appointments for you or your family.
- Any appointments scheduled during our "extended hours" (appointments scheduled after 4:00pm) require at least a 48 hour advance notice when rescheduling. If, for any reason, you do not keep your appointment scheduled during our "extended hours" without at least 48 hours notice, we will not be able to reschedule anymore "extended hours" appointments for you or your family.

I have read and understand the Cancellation and No Show Policy.

I request and authorize Crystal Coast Dentistry to examine, clean and provide necessary dental treatment for me/the patient. I further request and authorize the taking of dental x-rays/photographs as may be considered necessary for diagnostic or educational purposes. I understand that this office only uses composite (tooth colored) filling material and amalgam (silver) is not available. I will be responsible for any charges incurred on this account.

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Signature of Patient / Guardian