

# GREENLAKE FAMILY DENTISTRY

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## Appointment Policy

**Patient Name:** \_\_\_\_\_  
Last First MI Preferred Name

### Late Cancellation, No Show Fee Policy

A LATE CANCELLATION or NO SHOW FEE of \$100.00 per hour will be charged to all patients who do not provide 48 hour notification to cancel a scheduled appointment. The charge will also apply to patients who miss or "no show" for their scheduled appointment. If a patient late cancels or no shows an appointment three times within a 12 month period, we reserve the right to schedule same day only appointments or terminate the doctor-patient relationship.

\* **By checking this box, I understand the above information and agree with its contents, and this will serve as my electronic signature for the Appointment Policy.**

**Response Date:** \_\_\_\_\_