



Acknowledgment of Appointment

The scheduled appointment is reserved specifically for your child. Any change in this appointment affects many patients. If a cancellation is unavoidable, please call the office at least 24 hours in advance so that we may give that time to another patient.

In the event of an emergency we will see your child the same day at the earliest convenience. Please call the office at any time and we will always try to accommodate you. Keep in mind that your child's health is our primary concern.

- We strive to see all patients on time for their scheduled appointment. There are times when our schedule is delayed in order to accommodate an injured child or an emergency. Please accept our apology in advance should this occur during your appointment. We will do the exact same if your child is in need of emergency treatment.
- Please plan to arrive 5 minutes or more before your scheduled appointment. This will allow time to complete any additional paperwork and see your child on time.
- If you arrive 15-25 minutes late for your appointment, you may be asked to reschedule for the next available appointment time.
- Again, please call at least 24 hours in advance if a cancellation is unavoidable so that we may give it to another patient.
- On any given day, broken or missed appointments do affect the entire schedule. Should two (2) broken/missed appointments occur or two (2) cancellations without 24-hour notice, we reserve the right to not schedule any subsequent appointments.
- A parent or legal guardian (with official documentation) must be present during the initial examination and any restorative treatment.

Thank you for your understanding and cooperation.

Patient's Name: _____ Patient's DOB: ____/____/____

Parent / Caregiver Name: _____

Date: ____/____/____ Parent / Caregiver Signature: _____