



[www.Dentist@FrenchmanDMD.com](http://www.Dentist@FrenchmanDMD.com)

### Contact Preferences

How would you like to be contacted?

Phone Call Preferred Phone Number: \_\_\_\_\_

Text Message Preferred Cell Phone Number: \_\_\_\_\_

E-Mail Preferred E-Mail Address: \_\_\_\_\_

### Appointment Cancellation Policy

We understand that unplanned issues can come up and you may need to reschedule an appointment. If that happens, we respectfully ask for at least **24 hours** advanced notice.

Our doctor and hygienist have reserved time especially for you. When a patient does not show up for a scheduled appointment, another patient loses an opportunity to be seen. Although we have always had a cancellation policy, circumstances have caused us to enforce a policy of charging for no-show appointments, and those appointment not rescheduled with at least 24-hour advance notice. **As of July 1, 2016, there will be a fee of \$50.00 per hour assessed if we do not receive a call to reschedule an appointment with 24 hours advanced notice.**

Thank you for being a valued patient and for your understanding and cooperation as we institute this policy. This policy will enable us to open otherwise unused appointments to better serve the needs of all patients.

\_\_\_\_\_  
Patient signature

\_\_\_\_\_  
Date

1805 Bayshore Gardens Parkway Bradenton, Florida 34207  
941-755-6477